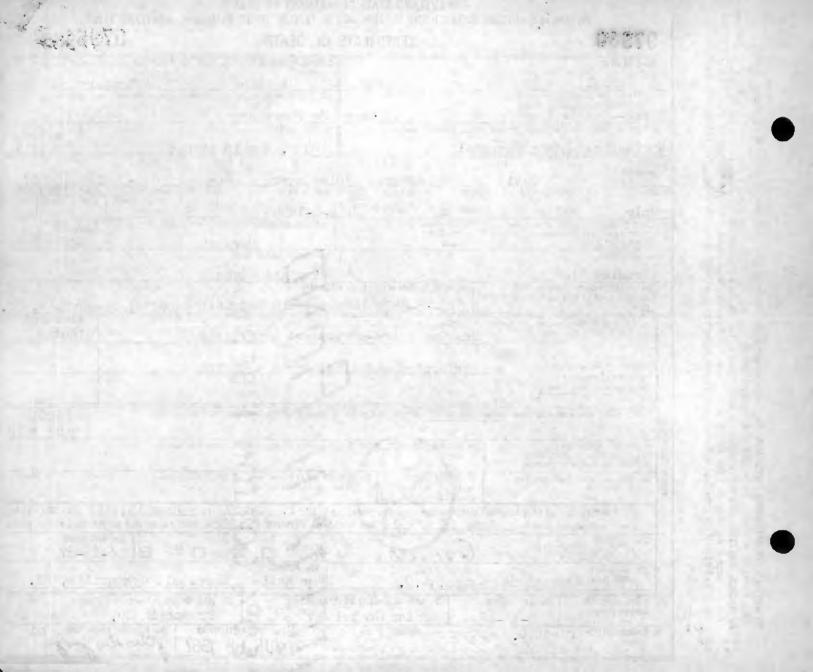
1 /	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET,	BALTIMORE 1. MARYLAND
and completely filled in by the funeral remove carbon papers, Pages and 2 any event, within 72 hours are death.	07978 CERTIFICATE OF DEATH	07982
e funeral and 2 and 2 and 2	A. PLACE OF DEATH a. COUNTY A. STATE MARYLAND MARYLAND	b. COUNTY CARROLL
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rbon paper within 72	Route #140 Route #,	140 e. IS RESIDENC ON A FARM? YES NO
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and in any ev	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or MOUSTRY)	COUNTRY?
oval, a	13. FATHER'S NAME 14. MOTHER'S MAIOEN NAME	D. U.S.a.
Lea	JOHN THOMAS ALBAUGH MILLIE ABERILL 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT	
ilon, or	(Yes, no, or unkown) (Hyes five war or dates of service) 220-09-60958 MISS H MADEL INTE A	Address SAME PLBAUCH ADDRESS
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e ta	Conditions, If any, which (b) (b) (cause (a), stating the Course (b) (cause (a), stating the Course (b) (cause (b)) (cause (b)	
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ealth	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITI	ION CIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMEO? YES NO X
5 3	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	or Part II of Item 18.)
OR ATTENDING PHYSICIAN: The law requires that the perestance of the hospital or attending physician. DIRECTOR: After this certificate has been signed by age 3 should be detached for use as the burial-transited with the State Dept, of Health prior to burial, creating the state of the perior of the state	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bidg., etc.) 20f. (City p.m. 19 at work at work at work 20f.)	y or town) (County) (State)
	21. I certify that (I) (this hospital) attended the deceased from 4/10, 1949, to	15 C LIIAL W (WC) 143
3 sh I with	saw the deceased alive on 1967, and that death occurred at 34 M, from 223. SICNATURE ATTENDING MEO.	22b. OATE SICNED
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director, p should be	NAME (Type) Julius Chepkon D & SKW. Green 230. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OF CREMATORY 23d. LOCAT	TION (city, town or county) (State)
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 07981 CERTIFICATE OF DEATH 97965 requires that the death certificate be executed within 24 hours after death filled in by the funeral papers. Pages 1 and 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH g. COUNTY b. COUNTY Carroll Maryland Washington MARYLAND papers. Pages 1 nin 72 hours after b. CITY OR TOWN (If autside carparate limits, c. LENGTH OF STAY IN 1b. c. CITY OR TOWN (If autside corparate limits, write RURAL and give nearest tawn) Sykesville Boonsboro h mths-15 d. e. IS RESIDENCE ON A FARM? d. STREET ADDRESS d, NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) Faharney Kneedy Home NO F Springfield State Hospital YES NAME OF Middle 4. DATE First Yegr 19 67 Month the attending physician and completely sit permit. Then please remove earbar pleose removercerba DECEASED Ethel Irene Bingham June (Type or print) DEATH SEX 6. COLOR OR RACE DATE OF BIRTH AGE (In years IF UNDER I YEAR IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED 10-6-88 low pirthdoy) Months Female White WIDOWED DIVORCED 12. CITIZEN OF WHAT 10o, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) COUNTRY? thring most of warking life even if retired) Postal USA Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME removal David H. Bingham Merryman 17. INFORMANT Records 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, ne or unknown) (If yes give war ar dotes of service 213-48-0308 Springfield State Hospital Sykesville, Md. cremation. INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) signed by the buriol-transit p buriol, crematir THE AND DEATH PART I. DEATH WAS CAUSED BY Cardiac Failure IMMEDIATE CAUSE (a) physicion. 715% Days (h) Terminal Bronchial Pneumonia Conditions, if ony, which gave rise to immediate cause (a) Weeks stating the underlying couse Infected Decubitus Ulcers hos been os the last. 19. WAS AUTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO P TO FUNERAL DIRECTOR: After this certificate the hospitol or Fed 20g. ACCIDENT WAS UNDERLYING [205, DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detoched (IF EITHER, NOTIFY MEDICAL EXAMINER) (City or town) (County) (State) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Doy, Year Haur o.m. factory, street, office bldg., etc.) Not While at work at wark Poge 4 may be retained by -ta 6-17-1967, that (I) (we) last 21. I certify that (I) (this haspital) attended the deceased fram shauld and that death accurred at 10:05 m. fram causes and an the date stated above saw the deceased alive an 22b. DATE SIGNED 22a. (SIGNATURE June 17, 1967 DIRECTOR director, page should be filed \$pringfield State Hospital, Sykesville, Md. PHYSICIAN' Naci Buyukunsal, M. D. NAME (Type) 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (State) 23g. BURIAL, CREMATION, 6/20/67 Reformed Cemetery Knoxville Maryland 25b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR 250 REC'D BY REGISTRAR lisplay VR A15 (4) 20 M 1/66

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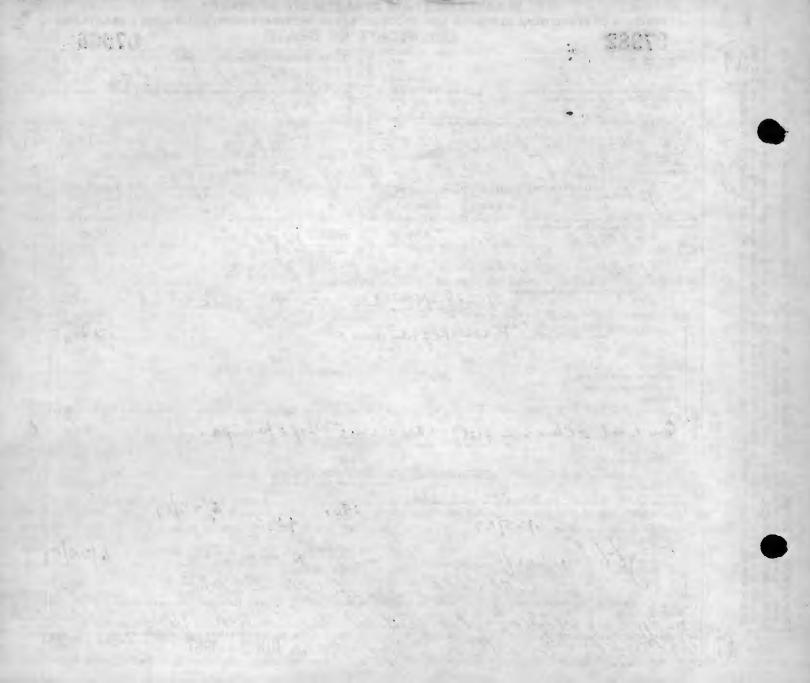
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased livad, If institution: Residence before admission) a. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) write RURAL and give nearest town) d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) a. IS RESIDENCE d. STREET ADDRESS ON A FARM? YES NO 3. NAME OF 4. DATE Month Oav DECEASED OF (Type or print) DEATH 196 5. SEX 9. AGE (In years 1 IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED last birthday) Months I WIDOWED ! DIVORCED 10s. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY! done during most of working life, even if retired) 13. FATHER'S NAME 'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 1 16. SOCIAL SECURITY NO. 1 17. INFORMANT Address (Yes, no, or unkown) ((If yes giva wer or dates of service) 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Conditions, it any, which (b) geve rise to immediate cause **DUE TO** (a), stating the underlying cause lest. 19. WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(+) PERFORMED? CERTIFICAL NO X 20a. ACCIDENT WAS UNDERLYING IT 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Part I or Per II of item 18.) OR CONTRIBUTING | CAUSE OF DEATH HE EITHER, NOTIFY MEDICAL EXAMINER WEDICAL 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, ferm, (State) 2Dc. TIME OF INJURY 20f. (City or fown) (County) Month, Dev. Yeer factory, street, office bldg., etc.) While Not While Hour a.m. al work al work p.m. 10.0 (4), 19, that (I) (we) last 25/67 19 and that death occurred Fr. P.M. from the causes and on the date stated above. saw the deceased alive on... 22e. SIGNATUR ATTENDING SIGNED PHYS. DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S 23c. NAME OF CEMETERY OR CREMATORY LOCATION (City, lown or county) 23a. BURIAL, CREMATION, | 23b. THEREOF のきる DIRECTOR'S SIGNATURE ADDRESS

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MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 07987 MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, funstitution Residence before admission) o._COUNTY Maryland Carroll State Department b CTY OR TOWN (If outside corporate I mits, write RURAL and give nearest town) c CTY OR TOWN (If outside corporate limits, write RURAL and give nicrest town) C JENGTH OF STAY IN 16 YEARS Sykesville Svkesville d NAME OF HOSPITAL OR INSTITUTION (If not in hospito, give street oddress) d STREET ADDRESS along with farm ON A FARM? Mineral Hill Road, Box 234 Mineral Hill Road, Box 234 YES TO NO [This certificate should be executed within 24 hours after death NAME OF 4 DATE Lost Month DECEASED OF DEATH BRASHEAR (Type or print) RUSSELL В. June 19 67 9 AGE (In years 6. COLOR OR RACE 7 MARRIED B DATE OF BIRTH F LINDER 1 YEAR NEVER MARRIED lost buthday) Months in Item 18. DIVORCED Office a white male 10a USUAL OCCUPATION (Give kind of work done 10b K ND OF BUSINESS OR BIRTHPLACE (Stote or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired) and in any event within 72 hours after Engineer e, writing the ward "pending" in pencil in farwarded to the Chief Med cal Examiner's 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 16. SOCIAL SECURITY NO (Yes, no, or unknown). (If yes give wor or dates of service) 212-07-5550 1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c),) PART I DEATH WAS CAUSED BY. ONSET AND DEATH Arteriosclerotic Cardiovascular Disease IMMEDIATE CAUSE (a) Conditions, if ony, which gove nse to immediate cause (a), **DUF TO** storing the underlying couse 3 should be used crematian, ar removal, PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPS PERFORMED? CERTIFICATION NO X 20o EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port or Port II of item 18.) PRIMARY CONTRIBUTING CASISE OF DEATH es. MED/CAL 20e PLACE OF INJURY (Home, form, 20f. (City or town) 20c TIME OF INJURY Month Day, Year 20d INJURY OCCURRED (County) (State) Hour o.m. foctory, street, office bldg , etc.) may be retained for your IUTILEAL DIRECTOR: Page of work ot work 21 I certify that I taok charge of the remains described above, held an Autopsy Inspection X Inquiry [], and in my opinion Notural couses x. Accident . Suicide . Hamicide death resulted from Undetermined manner CHIEF MEDICAL EXAMINER prior ta 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER X SIGNATURE 6/3/67 DEPLTY MEDICAL EXAMINER Spitz **EXAMINER'S** S may b Address (Street, city, town, or county) NAME (Type) 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATOR 23d LOCATION (City or Town) 230 BURIAL, CREMATION (State) RECID BY REGISTRAR 24 FUNERAL DIRECTOR VR A15ME (5) 1967 6M 1/67

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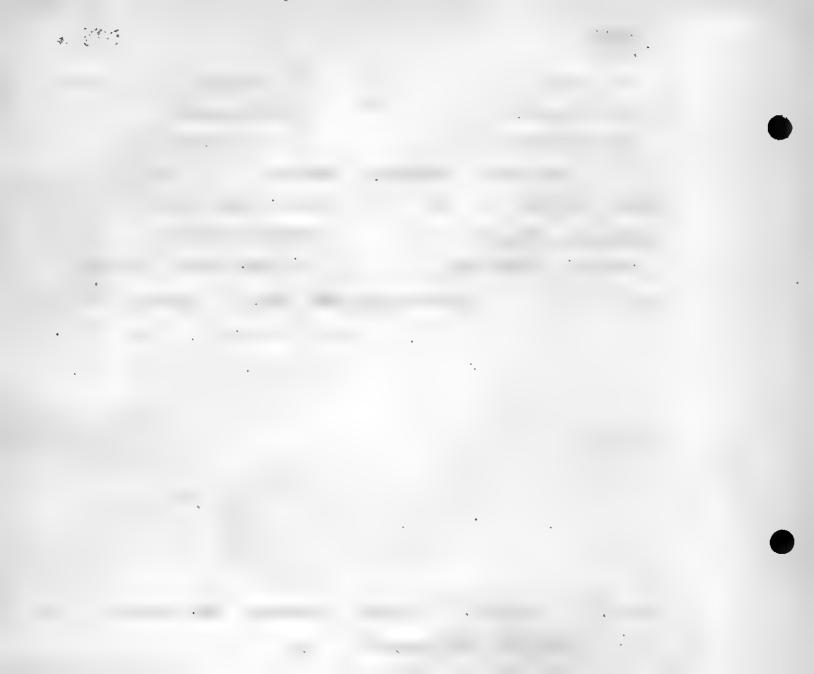
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH e sugited within 24 haurs after death. affer-death. campletely filled in by the funeral 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) PLACE OF DEATH a. COUNTY o. STATE MARYLAND c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b b. CITY OR TOWN (If autside carparate limits. write RURAL and give negrest town) please remave carban papers. Pa I, and in any event, within 72 haurs B IS RESIDENCE ON A FARM? d. STREET ADDRESS INSTITUTION (If not in hospital, give street address) NO K YES NAME OF Year First OF DEATH BROWN 19 IF UNDER I YEAR JNDER 24 HRS S SEX 6. COLOR OR RACE **NEVER MARRIED** las birthday) Months Doys Hours DIVORCED 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR 11. 81RTHPLACE (County & State, or foreign country) during most of working life, even if retired) INDUSTRY the attending physician ist permit. Then please U.5A requires that the death certificate Donestie

13. FATHER'S NAME 14 MOTHER & MAIDEN NAME ar removal. KNOWN 17. INFORMANT 15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, na, or unknown) I(If yes give wor or dates of service cremation. 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I DEATH WAS CAUSED BY burial-transit IMMEDIATE CAUSE (o) signed by physician. DUE TO burial Conditions, if any, which gave rise to immediate cause (a), DUE TO stating the underlying cause TO HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the hospital ar attending TO FUNERAL DIRECTOR: After this certificate has been use as the lost. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) for use NO 200 ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH 205, DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) detached for (IF EITHER, NOTIFY MEDICAL EXAMINER) (Stote) 20e PLACE OF INJURY (Home, form, 20f. (City or town) (County) 20d INJURY OCCURRED 20c. TIME OF INJURY Manth, Day, Year factory, street, affice blda., etc.) at wark should be 21. I certify that (this haspital) attended the deceased fram 3-26-67, 1967, to 6-3 -, 1947, that XI (we) last 19 62, and that death accurred at \$394M, from causes and an the date stated above. saw the deceased alive an_ 22b. DATE SIGNED 220 SIGNATURE ATTENDING DIRECTOR 22d ADDRESS 426 PHYSICIAN'S director, shauld b 23a. 8URIAL, CREMATION, Burial (Specify) 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) Rileyville, Va. 6/6/67 Rileyville Pike 25b. REGISTRAR'S SIGNATURE heeler Funeral Home-1331 Rockville VR A15 (III) Charles Judge DATEUN 20 M 1/66 Rockville .Md.

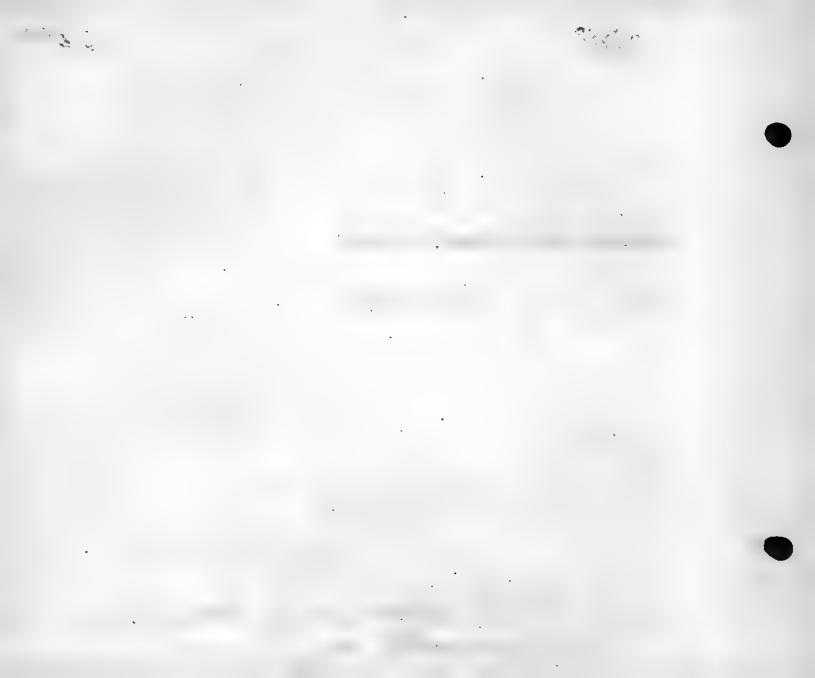




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within 24 hours after of a stone papers. Pages 1 stone papers. Pages 1 stone after of the pages 1 ston	3. NAME OF First Middle Last 4. DATE Month Oay Year DECEASED OF							
- \ 5 4 4 1	(Type or print) WILLIAM EDWARD FARVER DEATH JUNE 16 1967 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. ACE (In years IFUNDER1 YEAR FUNDER 24 ARS. 1. Married Never Marr							
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급호 속 모	21. I certify that (1) (this hospital) attended the deceased from 6/24 1967, to 6/30 1967, that (1) (two) last							
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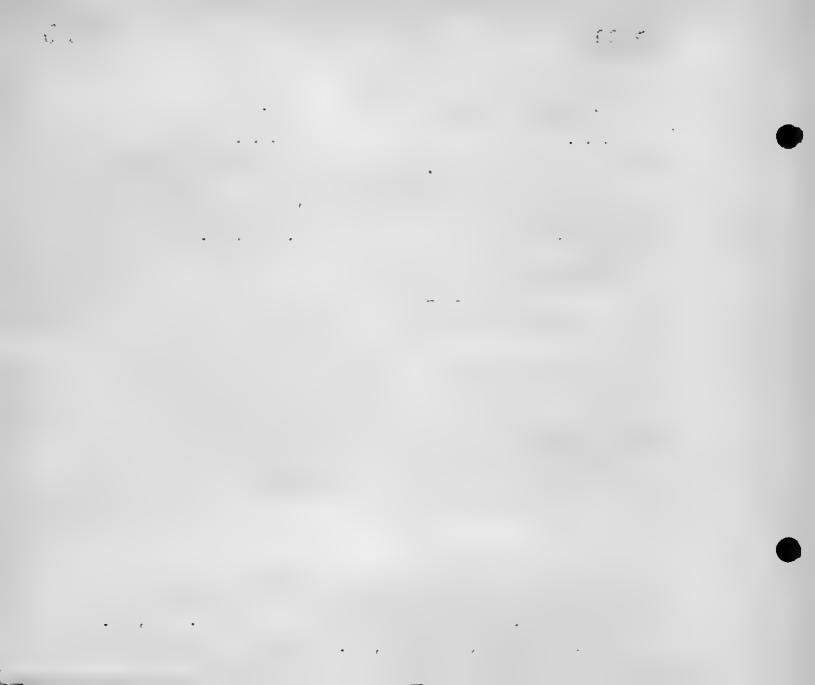
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atte atte ermil	(Yes, no, or unkown) (If yes pire war or dates of service) 2/3-50-2434 Howard H. Gosnell Westminster, Md							
the trice ratio	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETV ONSET AND DE	VEEN						
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g ph g ph en s bur	Conditions, if any, which gave rise to immediate (b) Cerebral Vascular Thrombosis, Suspected White							
ttending p has been as the b prior to b	cause (a), stating the underlying cause last. (c) Generalized arteriosclerosis unknown	7						
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IAL OR nay be AL DIR page page	22c. PHYSICIANS NAME (Type) The Table To Th	/						
SPIT 4 n NER, tor,	NAME (Typh) Philip W. Mercer Westminster, Maryland							
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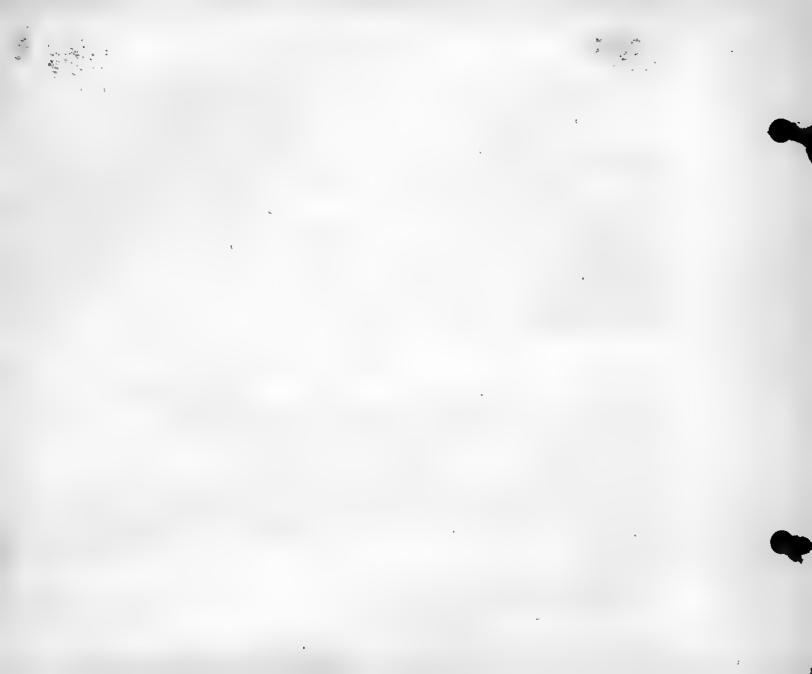


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Buyya 15pocify) June 19, 1967 LOrraine Park Cemetery Woodlawn Balto. Co. Md. 24 FUNERAL DIRECTOR'S SIGNATURE Tinton - Fline Funeral Home Hamostead. Md.	226, PHYSICIAN'S	ATTENDING MED. STAFF SIGN
Tinton - Fline Funeral Home Hamostead. Md.	236. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY DIVINE 19, 1967 LOTTLINE Par	or crematory (State) k Cemetery Woodlawn Balto. Co. Md.
	24 FUNERAL DIRECTOR'S SIGNATURE Tipton - Eline Funeral Home Hampstead,	Mde lung of 1007 Miles de Outes



DIVISION OF STATISTICAL RESEARCH AND RECORDS PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution, Residence before admission) e. COUNTY **b.** COUNTY by the and 2 death. Maryland Carroll Carroll MARYLAND b. CITY OR TOWN (if outside corporate limits. c LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL and give necrest town) write RURAL end give neerest town) within 24 after _= Mt. Airy Mt. Airy Pages filled i d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e, IS RESIDENCE rs. 'Pag hours ON A FARM? R.F.D. # R.F.D. # YES NO X executed 3. NAME OF Middle 4. DATE Month Yeer DECEASED OF 67 [Type or print] Harry E. Hahn DEATH June 19 5. SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS and carb 3 lest hirthdey) Months Male White WIDOWED ! DIVORCED [May 3. The law requires that the death certificate physician гетоме IDe. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY done during most of working fife, even if retired) Dealer Mt. Airy, Md. USA Auto 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME = aftending Ple and Alverta Smith Charles Hahn Then 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) | (If yes give war or detas of servica) Mrs Lynda Watkins Hahn, Item 2 permit. 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] physician. INTERVAL BETWEEN signed by ONSET AND DEATH ò PART I. DEATH WAS CAUSED BY: necercinems of Koltun IMMEDIATE CAUSE (+) cremation, **burial-transit** DUE TO attending Conditions, if any, which DIRECTOR: After this certificate has been 3 should be detached for use as the burial-tr (b) gave rise to immediate cause DUE TO (e), stating the underlying ceuse lest. the hospital or PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION \$ Q PERFORMED? prior YES | NO IX 2De. ACCIDENT WAS UNDERLYING IT 20b. DESCRIBE HOW INJURY OCCURRED. (Entar neture of injury in Part I or Pert I) of item 18.) OR CONTRIBUTING CAUSE OF DEATH Health be retained by MEDIGAL 2Dc. TIME OF INJURY Month, Day, Yeer 2Dd. INJURY OCCURRED 2Da. PLACE OF INJURY (Home, farm, 2Df. (City or lown) (County) (Steta) fectory, street, office bldg., etc.) While Not While ŏ Hour e.m. et work at work ..., 1965, to JULE, 1947, that (I) (we) last 14 he 2.8.19 67..., and that death occurred at 2 P.M., from the causes and on the date stated above. lake saw the deceased alive on ... 22a. SIGNATURE 22b. DATE ATTENDING SIGNED death. Page 4 r PHYS. DIRECTOR M.D director, page be filed with the HOSPITAL 22c. PHYSICIAN'S NAME (Type, 900 So. Main St. 23e, BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) REMOVAL (Specify) .1967 Pine Grove Mt. Atry Md. 24 FUNERAL DIRECTOR'S SIGNATURE 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE **ADDRESS** liantes Olin L. Molesworth, Damascus, Md. 2DM 5 63





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9. C . +		ACTUAL SIGNATURE	Lucie !	Me	i Lhen	M.	CHIEF MEDICAL		_	_	2. DATE SIGNED
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TO DEPI necesso the fun 5 may TO FUNE Health	230 E	BURIAL, CREMATION, PEMOYAL (Specify)	236 DATE THEREOF 6-29-1967		23c NAME OF CEMETERY MOUNT Olive			23d LOCAT C	N (City or Tow	n Callego laryland	1 Heel
VR A15ME (5) 5 6M 1/66	24	FOVERAL DIRECTOR	There	Comment of the	ADDRESS Hamo			D BY REGISTRAR	2Sb REG	STRAR'S SIGNATUR	



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH o. COUNTY b. COUNTY MARYLAND The law requires that the death certificate be executed within 24 haurs after b CITY OR TOWN (If outside corporate imits, write RURAL and a ve nearest town) c LENGTH OF STAY IN 1b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) physician and campletely filled in by en please remove carban papers. Pe HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? YES 🗌 NO P Middle NAME OF 4 DATE Month Doy Lost Year DECEASED (Type or print) DEATH IF UNDER 24 ARS 7. MARRIED DATE OF BIRTH 9. AGE (In years IF UNDER <u>ه</u> lost buthdoy) Months Doys Hours WIDOWED DIVORCED 11. BIRTHPLACE (County & State, or foreign country) 12, CITIZEN OF WHAT 10b KIND OF BUSINESS OR 100 USUAL OCCUPATION (Give kind of work done COUNTRY 2 during most of working life, even if retired) WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT 15. WAS DECEASED EVER IN U.S. AKMIEU FORCES:
(Yes, no, or unknown) (If yes give wor or dotes of service) -1082 INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) **burial-transit** ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) signed by **DUE TO** Externacleutic Heart Drawne Conditions, if any, which gave) rise to immediate couse (a). DUE TO stating the underlying couse as the priar to t TO FUNERAL DIRECTOR: After this certificate has been 19 WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) MEDICAL CERTIFICATION nse Health 1 NO A for 200 ACCIDENT WAS UNDERLYING [205 DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) (City or town) (Stote) 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (County) Hour o.m factory, street, office bldg., etc.) Not While ot work of work L þ 21. I certify that (1) (this haspital) attended the deceased fram Share F) 1965, to Sure / 6, 1965, that (1) (we) last and that death accurred at 12.45M, fram causes and on the date stated above. saw the deceased alive an 22o. SIGNATURE 22b. DATE SIGNED ATTENDING M.D. PHYS. DIRECTOR director, page should be filed 22d. ADDRESS 22c PHYSICIAN'S NAME (Type) 230. BURIAL, CREMATION, 23b. DATE THEREOF 23d. LOCATION (City or Town) (State) (County) EUNERAL DIRECTOR 2So. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE

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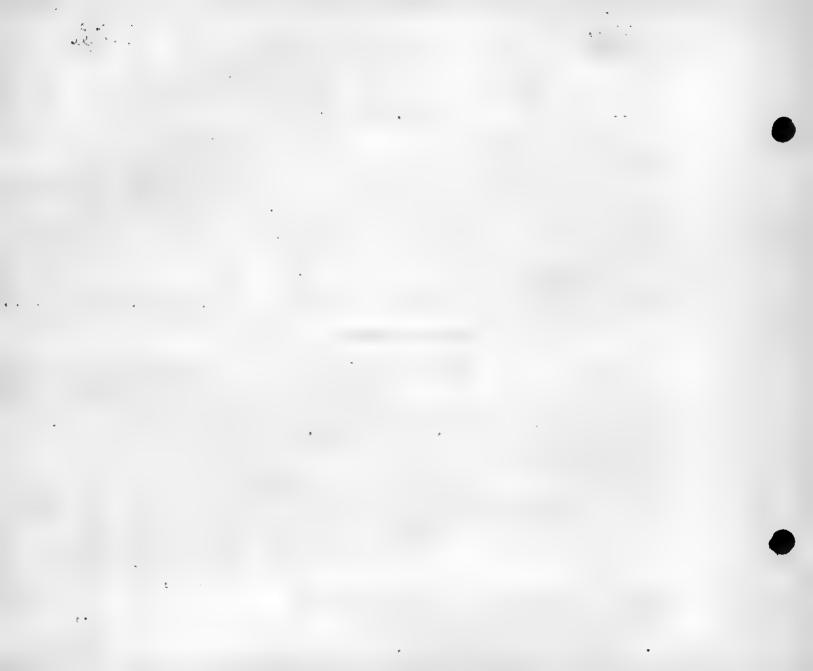
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 07994 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived if institution Residence before admission) o COUNTY Carroll n. STATE b. COUNTY arroll death MARYLAND c CJY OR TOWN (if outside carporate limits, write RURAs and give nearest town) b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 16 Westminster RURAL and a ve negrest (1 wn) 4 Westminster R.D.4 d NAME OF HOSP, TAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS S RESIDENCE ON A FARM? the-State Dep 00 Item 18. Give Pages YES T NO F 3 NAME OF 4 DATE DECEASED DEATH within SEX 9. AGE (In years orthogy) White Months Hours Female 1894 Nov. WIDOWED DIVORCED and 2 10a JSUAL OCCUPATION (Give kind of work done duffig most of working life, even if retired) 10b K ND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT NDUSTRY COUNTRAC Penna. pages l 14 MOTHER'S MAIDEN NAME 13 FATHER'S NAME pence certificate should be executed within Len Mann James H. Gray 16' SOC AL SECURITY NO 17 INFORMANT 15 WAS DECEASED EVER IN L.S. ARMED FORCES? (Yes, ng or unknown) (If yes give war or dates of service) ar remayai, Mrs. Jean Spangler tinksburg, Md. INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (a) ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) ward crematian, DUE TO Conditions, if only, which gove nse to immediate couse (a), DUE TO 8 stoting the underlying couse lost. PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19 WAS AUTOPSY PERFORMED? YES NO 200 EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Part I or Part It of item 18) PRIMARY Or CONTRIBUTING CAUSE OF DEATH 20c TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour o.m. factory, street, office bldg, etc.) of work 21. I certify that I took charge of the remains described above, held on Autopsy Inspection X Inquiry and in my opinion FUNERAL DIRECTOR: deoth resulted from Notural causes Suicide | Accident Homicide Undetermined monner CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER SIGNATURE **EXAMINER'S** O FUNEI Health NAME (Type) 23c NAME OF CEMETERY OR CREMATORY 23b DATE THEREOF BUR AL CREMATION (County) Lake View Park arroll 24 FUNERAL DIRECTOR 2So. REC D BY REGISTRAR REGISTRAR'S 5 GNATURE F. Eline & Sons Reisterstown. VR A15ME (5) 6M 1/66



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 07995 CERTIFICATE OF DEATH funeral s 1 and 2 ter death. law requires that the death certificate be executed within 24 haurs after death. 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH a. COUNTY a. STATE 6. COUNTY Carroll Maryland MARYLAND vithin 72 haurs after b CiTY OR TOWN (If autside carparate limits, write RURAL and give neatest tawn)

Rural——Sykesville CLENGTH OF STAY IN 15 c, CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) the attending physician and campletely filled in by the sit permit. Then please remark-carban papers. Pages 13vr. hdays Baltimore d NAME OF HOSP TAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS e IS RESIDENCE ON A FARM? Springfield State Hospital 3737 Keswick Road YES NO IX 3 NAME OF Middle 4. DATE Manth Year First Day DECEASED (Type or print) 19 67 22 Thelma Irwin 6 Victoria in one event, DEATH DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. S SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 6dest burthday) Months Days Hours 12/5/97 white female 20 WIDOWED DIVORCED 11. BIRTHPLACE (County & State, or fareign country) 12. CIT ZEN OF WHAT 10b. KIND OF BUSINESS OR 10a LSUAL OCCUPATION (Give kind of work done duting most of working life, even if retired) COUNTRY? INDUSTRY USA gud England 14. MOTHER'S MAIDEN NAME 13. FATHER S NAME or remaya Earnest Evans Raechael Smith 15 WAS DECEASED EVER IN U.5 ARMED FORCES? (Yes, no, or unknown) (If yes give war ar dates of service) 17 INFORMANT 16. SOCIAL SECURITY NO. Springfield Hospital records, Sykesville, Md. unknown crematian. INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) signed by the burial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY Arterioscleretic heart disease IMMEDIATE CAUSE (a) DUE TO Coronary arteriosclerosis Years Canditions, if any, which gave (b) rise to immediate cause (a), DUE TO stating the underlying cause as the attending has been last. 19. WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) Manic depressive reaction, depressed type. YES DX NO Page 4 may be retained by the haspital or O FUNERAL DIRECTOR: After this certificate ą 205. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of item 18.) 20a ACCIDENT WAS JNDERLYING OR CONTR BUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e, PLACE OF INJURY (Home, farm, (City or town) (County) (State) 20d INJURY OCCURRED 20c, TIME OF INJURY Month, Day, Year factory, street, affice bldg., etc.) Hour am. Nat While at wark 1954 to -22 - 197, that \$0 (we) lost 21. I certify that it (this haspital) attended the deceased from 6/187 should vith the S 1967, and that death occurred at 5 P.M. from causes and on the date stated above. saw the deceased alive on. 22b. DATE SIGNED 22a. SIGNATUR K 6/22/67 M.D. PHYS DIRECTOR PHYS. directar, page 3 should be filed v Springfield State Hospital 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Sykesville, Maryland 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (State) (County) 23a BURIAL CREMATION, 23b DATE THEREOF 13 MOWAL (Specify) 26 June 1967 Greenwood Cemeterv Wheeling Ohio Co., West Va. 2So REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR **ADDRESS** Misseles VR A15 (4) 20 M 1/66 F. Gasch's Sons Hyattsville, Maryland

MARYLAND STATE DEPARTMENT OF HEALTH



	DIVISION OF STATISTICAL RE		EPARTMENT OF HEAL S, 301 W. PRESTON STREE	TH T, BALTIMORE 1, MARYLAND
	07996	CERTIFICAT	TE OF DEATH	97981
) 1	PLACE OF DEATH		4	ceased lived, If institution: Residence before admiss
	Carroll	MARYLAND	* STATE Maryland	6. COUNTY Carroll
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest lown)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corpo	orate limits, write RURAL and give necrest town)
	Sylvesville	9 days	Marriottsvil:	
	d. NAME OF HOSPITAL OR INSTITUTION (if not in	hospitel, give street eddress	d. STREET ADDRESS	e, IS RESIDE ON A FA
\ _		one	M reiottsvi	lle Road YES □ NO
3	NAME OF FIRST DECEASED	Middle	Last 4. DATE OF	Month Day Yeer
4_	(Type or print) Grace	_ Edna	Janaan DEATH	June 29, 1967
13	. SEX 6. COLOR OR RACE 7. MA	TOUR TOUR MANAGEMENT		AGE (In years IF UNDER 1 YEAR IF UNDER 24 last birthday) Months Days Hours A
	<u> </u>		eb.20,1398	39 уп.
	lane during most of working life, even if retired)	6. KIND OF BUSINESS OR INDUSTRI	Y 11. BIRTHPLACE (County & State, or)	
	Lousewife	Home	Maryland	USA
"	. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
-	JM P ZO)) S. WAS DECEASED EVER IN U.S. ARMED FORCES?	The control or country and I was	Lucille Arri	agton
	o. WAS DECEASED EYER IN U.S. ARMED FORCES? (es, no, or unkown) [(liyesgivewerordelesofservice)]	16. SOCIAL SECURITY NO. 17. 1		Address
-	18. CAUSE OF DEATH [Enler only one cause	7.13	. George A. Jae.	ger li rriot gville
	PART I DEATH WAS CAUSED BY.			ONSET AND DEA
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	, 3 2 X DUE TO		<u>.</u>	3
	gave rise to immediate cause	pregral auditu	i T	
	(e), staling the underlying DUE TO		*	ADA
2	101	CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE O	CONDITION GIVEN IN PART 1(+) 19. WAS AU
2 10				PERFORA YES NO
- × VI	200, ACCIDENT WAS UNDERLYING 20b.	DESCRIBE HOW INJURY OCCURED.	. (Enter neture of injury in Pert I or Pert II	
1	OR CONTRIBUTING CAUSE OF DEATH			
3	20c. TIME OF INJURY Month, Dey, Yeer 2	Od INJURY OCCURRED 200, PLA		or lown) (County) (St
100	Hour a.m.	Vhile Not While fects	ory, street, office bldg., etc.)	
1	21. I certify that (I) (this hospital) a	tended the deceased from	19 ⁵ 0 to	2. 19. (v) that (l) (w
	saw the deceased alive on.			
	22a. SIGNATURE	/		22b.
	Sam Mu	Aman M.	ATTENDING MED.	PHYS. June 29.
	22c. PHYSICIAN'S NAME (Type)		22d ADDRESS	*
-	Marke (1990)	9 ***	Chr. Cut mond	a character of your of
1 2	38. BURIAL, CREMATION, 236 DATE THEREOF	23c, NAME OF CEMETERY	OR CREMATORY 23d. LOCA	ATION (City, town or county) (State
	Burial 7-3-67	LakeView Co	emetery Sy	resville. 11d
2	4 FUNERAL DIRECTOR'S SIGNATURE	D / ADDRESS DA	25e. REC'D BY REGIST	RAR 25b. REGISTRAR'S SIGNATURE
1	KARDIN YUL MAINHT.	Jugarelle. 1	DATE JIN 9	1967 Musiles Judy

1/2		MARYLAND STATE DEPARTMENT OF HEALTH DIVISION DF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAI	ND
4 = 04		07997 CERTIFICATE OF DEATH 07982	,_
funeral funeral and 2 or death.		PLACE DF DEATH a. COUNTY 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence bet a. STATE b. COUNTY Baltin	fore admission
hours after d in by the furs. Pages 1 2 hours after		b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	earest town)
24 hour	-	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. 15	S RESIDENCE ON A FARM?
rithin 2	3.	. NAME OF First Middle Last I 4. DATE Month Day	Year
that the death certificate be executed within 24 hours sician. In the attending physician and completely filled in by a latensit permit. Then please honove carbon papers. Palatransit permit. Then please honove carbon papers. Palatransit permit, or removal, and in any execut, within 72 hours.	5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IFUNDER 1 YEAR IFUNDER 1 YEAR	19 UNDER 24 HRS
an and se rem	10	January Minute WIDOWED DIVORCED 1 - 19 - 87 73 yrs. WIDOWED January 12. CITIZEN OF COUNTRY?	
cate b physici n pleas ral, and		3. FATHER'S NAME 14. MOTHER'S MAIDEN NAME,	_
fres that the death certificate be exphysician, a signed by the attending physician surial-transit permit. Then please he burial-transit permit. Then please he burial, commation, or removal, and in	1	SAMUEL B. Beck HAUNAH H. FASS BENN. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Yes, no, or unknown) (If yes bive war or dates of service)	e v-
death the att permi	-	No 213-48-0454 John Roonty Petrous the	AL BETWEEN
hat the cian. ed by t transit			AND DEATH
uires ti g physion in signi burial		Conditions, If any, which gave rise to immediate (b) Hypertensial arteroscilenstic	
law requirent tending phas been as the bubill prior to be	N.	cause (a), stating the DUE TO Causeles Cartelar decease, or underlying cause last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. W.	AS AUTOPSY
CIAN: The law oppital or attencertificate has hed for use as to the of the or t	CERTIFICATION	YES [AS AUTOPSY RFORMED? NO
SICIAN hospit is certi ached i			(04-4-)
OING PHYSICIAN. The law requires that the by the hospital or attending physician. After this certificate has been signed by the detached for use as the burial-trans State Dept. of Health prior to burial, clients	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, left of factory, street, office bldg., etc.) Clty or town) (County) Hour a.m. While Not While at work at work	(State)
L OR ATTENDING y be retained OIRECTOR. A age 3 should lied with the S		21. I certify that (1) (this hospital) attended the deceased from 5/20, 1967, to 6/5, 1967, that saw the deceased alive on 6/5, and that death occurred at 3/20M, from the causes and on the date si	tated above
AL OR A nay be re		22a. SIGNATURE 12a. SIGNATURE M.D. ATTENDING MED. STAFF 22b. DATE SIGNE M.D. PHYS. DIRECTOR PHYS. D 6/5/6	.b .7
= = 22 ± 23	/	22c. PHYSICIAN'S NAME (Type) W. H. FOARD MD WARCHESTER, ald 2110	2 -
TO HOSP Page 4 TO FUNE directo			(State)
VR AI5 (4)	2	4. FUNERAL DIRECTOR ADDRESS 25a, REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE & DATE UN 7 1967 Plantes Just	HE LGR
20M 1/65 /	-		



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before admission) a. COUNTY b. COUNTY /Y.oviard/ Carroll Maryland MARYLAND b, CfTY OR TOWN (if outside corporate limits, c. CITY OR TOWN (If outside corporata limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 write RURAL and give nearest town! Baltimore Sykesville d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress) e. IS RESIDENCE d. STREET ADDRESS ON A FARM? YES NO X Pullen Nursing Home papers. n 72 ho completel NAME OF Middla 4. DATE Dey Month Year DECEASED OF (Type or print) DEATH 196 carbon it, within SEX AGE (In years | IF UNDER I YEAR IF UNDER 24 HRS. B. DATE OF BIRTH 6. COLOR OR RAIGE 7. MARRIED NEVER MARRIED and last birthday) Months | Hours Min. l'cralle White WIDOWED X DIVORCED 10a. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) done during most of working life, evan if relired) Balto. Md. Housewife At Home US 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME please Walter Minnie Unknown 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) | (If yes give war or dates of service) AVE. 18. CAUSE OF DEATH (Enter only one cause per line for (e), (b), and (c), ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUF TO Conditions, if any, which gave tise to immadiate cause DUE TO (a), stating the undarlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO 20b. DESCRIBE HOW INJURY OCCURED. (Entar natura of injury in Part I or Part II of itam 18) 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING [CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) WEDICAL 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Homa, form,) 20f. (City or lown) (County) (Stata) 20c. TIME OF INJURY Month, Day, Yaar factory, street, office bldg., atc.) While Not While Hour a.m. at work et work 21. | certify that (I) (this hospital) attended the deceased from ... saw the deceased alive on 22b. DATE 22a. SIGNAPURI **ATTENDING** PHYS. FUNERAL 22d. ADDRESS 22c. PHYSICIAN S NAME (Typa) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) 23a. BURIAL, CREMATION. 23b. DATE THEREOF REMOVAL (Spacify) O Burial 25e. REC'D BY REGISTRAR ADDRESS 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 [4] 130 L. Fort Ave 1SM 7-62

RYLAND STATE DEPARTMENT OF HEALTH



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 97934 CERTIFICATE OF DEATH 07993 The law requires that the death certificate be executed within 24 haurs after death the attending physician and campletely filled in by he teneral sit permit. Then please remayer carban papers. Paget I and 2 nation, at remayal, and in physical, within 72 hours after death 2 USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH o. COUNTY **b** COUNTY o. STATE Carroll Maryland MARYLAND c. CITY OR TOWN (If autside carporate limits, write RURAL and give negrest town) b. CITY OR TOWN (If outside corporate limits, CLENGTH OF STAY IN 1h write RURAL and give negrest town)
Rural--Sykesville Lmo. 16days Silver Spring d STREET ADDRESS e IS RESIDENCE ON A FARM? d. NAME OF HOSP, TAL OR INSTITUTION (If not in hospital, give street oddress) 1228 Tanley Road Springfield State Hospital YES NO DO 3. NAME OF 4. DATE Middle Lost Month Year DECEASED (Type or print) 6 19 67 Mary Elizabeth Lamb DEATH 8 DATE OF BIRTH 9. AGE (In years IF JNDER 1 YEAR IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED lost birthdoy) Months Dovs Hours 9/15/82 white WIDOWED DIVORCED female 100 JSUAL OCCUPATION (Give kind of work done during most of working life even if retired) 11. BIRTHPLACE (County & State, or foreign country) 10b. KIND OF BUSINESS OR 12 CITIZEN OF WHAT INDUSTRY COUNTRY? USA Pennsylvania 13 FATHER'S NAME 14 MOTHER'S MA-DEN NAME Elizabeth Barry Daniel Guiser IS WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16 SOCIAL SECURITY NO (Yes, no, or unknown) (If yes give wor or dotes of service) Springfield Hospital records, Sykesville, Md. 175-01-1324 INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b) and (c) PART | DEATH WAS CAUSED BY burial-transit p da VST AND DEATH Heart failure IMMEDIATE CAUSE (o) signed by DUE TO Conditions I only, which gove (b) Rheumatic heart disease vears rise to immediate couse (a), DUE TO stating the underlying couse Page 4 may be retained by the haspital ar attending TO FUNERAL DIRECTOR: After this certificate has been the (a) Bronchopneumonia davs WAS ALTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) CONTROL OF A THE CONTROL OF A T far use Health without qualifying phrase. YES X NO 20b DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of Item 18.) 20o. ACCIDENT WAS UNDERLYING [7] OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER (City or town) (Stote) 20e. PLACE OF INJURY (Home, form, (County) 20d INJURY OCCURRED 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) Hour o.m. Not While of work of work 1967 to . 1967, that #A (we) last 21. I certify that 35) (this haspital) attended the deceased fram and that death accurred at 10:15%, from causes and an the date stated abave. 1967 6/6/ saw the deceased alive an 22b. DATE SIGNED 226. SIGNATURE STAFF PHYS. 6/6/67 director, page 3 shauld be filed v DIRECTOR Springfield State Hospital 22d. ADDRESS 22c. PHÝSIČIAN'S NAME (Type) N. Buyukunsal Sykesville. Maryland Naci 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY LOCATION (City or Town) (County) (Stote) 230 BURIAL, CREMATION, REMOVAL (Specify) ARleral 25b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR ADDRESS 6 2So. REC'D BY REGISTRAR VR A15 (4) 20 M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived. If institution, Residence before edmission) a. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (if outside corporete limits c. LENGTH OF STAY IN 16 OR TOWN (If outside corporete limits, write RURAL and give nearest town) write RURAL and give nearest town) d. NAME OF HOSPITAL OR INSTITUTION (if no) in hospital, give street d. STREET ADDRESS a. IS RESIDENCE ON A FARM? YES TO NO DE papers. completely NAME O DATE Year Month DECERSED OF and comp carbon pa (Type or print) DEATH 19 MASE SEX 6. COLOR OR RACE AGE (In years IF UNDER 1 YEAR) IF LINDER 24 HRS MARRIED NEVER MARRIED last birthday) Days Hours WIDOWED X DIVORCED physician 10s. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? dona during most of working life, even if refired) 13. FATHER'S NAME 15. WAS DECEASED EYER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yas, no, or unknown) | (If yes give war or dates of service) 18. CAUSE OF DEATH [Enter only one couse per line for (e), (b), and (c), INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) **DUE TO** Conditions, if any, which geve rise to immediate cause DUE TO (a), stating the underlying causa lest. PART II. OTHER SIGNIFICANT CONDITIONS WAS AUTOPSY PERFORMED? NO & 20e. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in OR CONTRIBUTING IT CAUSE OF DEATH UF EITHER, NOTIFY MEDICAL EXAMINER 20e, PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Dev. Yeer 20d. INJURY OCCURRED 20f. (City or town) (County) (State) factory, street, office bldg., etc.) While Not While Hour a.m. at work al work D.m. 21. I certify that (I) (this hospital) attended the deceased from ... 1. ..., and that death occurred at/D A.M. from the causes and on the date stated above. saw the deceased alive on. 22b. DATE 22a. SIGNATURE ATTENDING SIGNED PHYS. DIRECTOR FUNERAL 22c. PHYSICIAN'S 22d. ADDRESS NAME Type LOCATION (City, fown or county) 23a, BURIAL, CREMATION, | 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY 23d. (State) REMOYAL (Specify) ٥ Burla (m 250. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE REC'D BY REGISTRAR | 25b VR A15 (4) 15M 7-62 DATE



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 2120 CERTIFICATE OF DEATH 08001 within 24 hours after death. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) a. COUNTY a. STATE b. COUNTY c LENGTH OF STAY IN 16 in by the 5 CITY OR TOWN c CITY OR TOWN (If autside carparate amits, write RURAL and give negrest town) NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? INTOWN COUNT NO 3. NAME OF Middle 4. DATE Year DECEASED (Type or print) OF DEATH COL executed S. SEX F UNDER 24 HRS COLOR OR RACE 9. AGE (n years birthday) Manths Days Hours Min. ond in ony WIDOWED DIVORCED 100 USUAL OCCUPATION (Give kind of work density puo 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or fareign country) 12. CITIZEN OF WHAT during most of working life, even if ret, red). eose physicio) en pleos SHOF MACTORY requires that the death certificate FATHER'S NAME 14. MOTHER'S MAIDEN NAME removo ottending p INFORMANT WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO (Yes, no ar unknown) (If yes give war or dates of service) 6 signed by the otter burial-transit perm burial, cremation, a INTERVAL BETWEEN CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c),) PART I. DEATH WAS CAUSED BY: ONSET AND DEATH OBSTRUCTIVE IMMEDIATE CAUSE (a) DUE TO YEIARS Canditions, if any, which gave PULMONARY rise ta immediate cause (a). DUE TO stating the underlying cause as the hos been last. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) Health p NO W YES O FUNERAL DIRECTOR: After this certificate far 20a ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Manth, Day, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (State) Haur a.m. factory, street, office bldg., etc.) Nat While at wark 21. I certify that (I) (this hospital) attended the deceased from 1967, that (1) (we) last 1967 to and that death occurred at M, fram causes and on the date stated above saw the deceased alive an 220 STGNATURE 22b. DATE SIGNED ATTENDING PHYS M.D. DIRECTOR inco director, page should be filed ADDRESS 22d PHYSICIAN'S NAME (Type) TO HOSPITAL 230 BURIAL CHEMATION 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (State) 23b. DATE/THEREOF (County) REGISTRAR'S SIGNATUR VR A15 (4) 20 M 1/66

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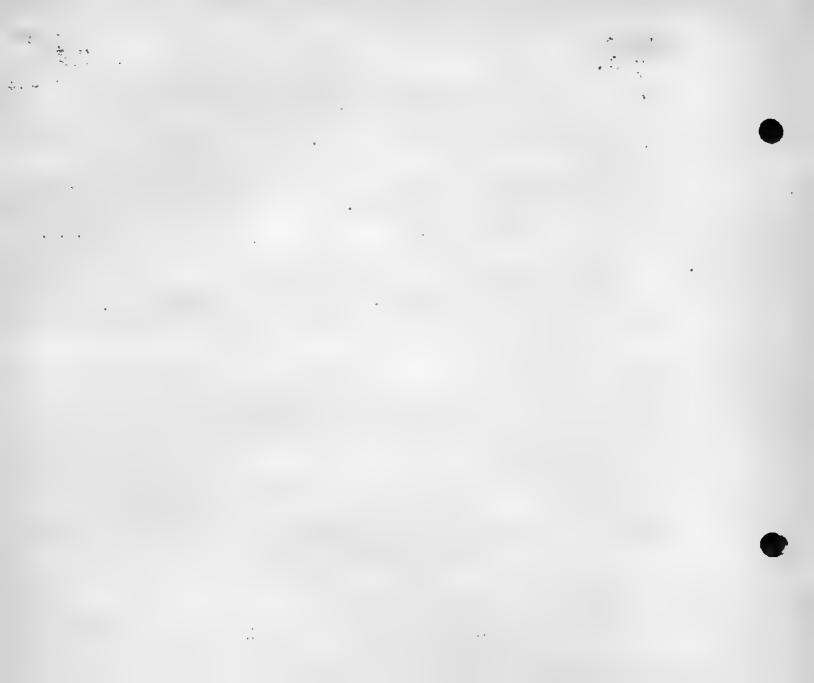
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08002 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 haurs after death completely filled in by the funeral reve-carban papers. Pages I and in event, within 72 hours after deat 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) I PLACE OF DEATH o. COUNTY o. STATE Baltimore City Carroll MARYLAND Maryland b. CITY OR TOWN (If outside cosporate limits, write RURAL and give nearest town) C LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) Baltimore mo. 2h da. Sykesville 11 mo.
d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS e IS RESIDENCE ON A FARM? Springfield State Hospital 1721 Lafayette Avenue YES 🗍 NO X 3 NAME OF Middle Lost 4 DATE Doy Year DECEASED (Type or print) 6 Madison 67 MMN DEATH 19 physician and camples en please remaya car Dewey S SEX 9. AGE (In years lost birthdoy) JE UNDER 1 YEAR IF LINDER 24 HRS 6 COLOR OR RACE B. DATE OF BIRTH 7. MARRIED NEVER MARRIED Months Dovs Hours any Male 5 10-23-10 Negro WIDOWED DIVORCED 1Do. USUAL OCCL PATION (Give kind of work done 1Db. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT <u>=</u> please during most of working life, even if retired) COUNTRY? INDUSTRY pub South Carolina Laborer 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME removal, Carrie Williams Frank Madison the attending passet permit. The IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT (Yes, no, or unknown) (If we give wor or dotes of service) ь Springfield State Hospital records No-Unkn. crematian, 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c))
PART 1. DEATH WAS CALSED BY: INTERVAL BETWEEN signed by the burial-transit g ONSET AND DEATH Acute nulmonary embolism (source unknown) minutes IMMEDIATE CAUSE (o). DIJE TO Conditions, if ony, which gove Right heart failure vears ase to immediate couse (a). DHE TO stoting the underlying cause as the priar tal TO HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the haspital ar attending to FUNERAL DIRECTOR: After this certificate has been Hypertrophy of right and left ventricle muscles vears PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) WAS AUTOPSY PERFORMED? far use Health YES or NO Chronic brain syndrome of unknown cause with behavioral reaction 20o ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) detached 2De. PLACE OF INJURY (Home, form, 20f. (City or town) 2Dc. TIME OF INJURY Month, Doy, Year 2Dd INJURY OCCURRED (County) (Stote) Hour o.m. foctory, street, office bldg , etc) ot work of work 21. (certify that (1) (this haspital) attended the deceased fram 2.7. . 1966___, ta____6_27 . 19 67 that (1) (we) last saw the deceased alive on 6-27-67 19 and that deoth occurred at 9:50 M, fram causes and an the date stated above. 22o. SIGNATURE 226 DATE SIGNED **ATTENDING** K 6-27-67 director, page 3 should be filed v M.D. PHYS. DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Heinz Klaatsch. M.D. Springfield State Hospital 23C NAME OF CEMETERY OR CREMATOR RESVE 23d 10carion it iv or Town). 230 BURIAL, CREMATION (County) (Stote) - Galvary Cemetry REPOVAL Spedity) County Md 25o. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 Misseles



RYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) a. COUNTY Marvland Carroll Carroll MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give neerest town) Vestminster vears Westminster d. STREET ADDRESS d NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) IS RESIDENCE ON A FARM? 26 S. Church Street 26 S. Church Street YES NO X 3. NAMÉ OF Month DATE DECEASED (Type or print) DEATH 6. COLOR OR RACE 7. MARRIED THEYER MARRIED AGE (In years | IF UNDER I YEAR) IF UNDER 24 HRS. last birthday) male DIVORCED T Feb. 12. 10m. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHP, ACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY done during most of working life, even if retired] U.S.A. mill work Congoleum Nairn Carroll Co., Maryland 13. FATHER'S NAME 14. MOTHER S MAIDEN NAME J. William Mann Mina May Buckingham 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT 15 Willow Avenue (Yes, no, or unkown) (If yes give war or deles of service) -07-4202R. Howard Mann Westminster. Md 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c),] INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (a) CORDAIALY THREM BOSIS WITH MIDCARDIAL INFLACTION M201 DUE TO CORONARY ATHEROSCLEROSIS gave rise to immediate cause DUE TO (a), stating the underlying PART II OTHER SIGNIF, CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(*) 19. WAS AUTOPSY PERFORMED? NO F 200 ACCIDENT WAS UNDERLYING [] ! 2Db. DESCRIBE HOW INJURY OCCURED. (Enter nature of mury in Part I or Part Is of Item 18.) OR CONTRIBUTING CAUSE OF DEATH MEDICAL 20c. TIME OF INJURY Month, Dev. Yeer 20d. NJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, 20f. (City or fown) (County) (State) factory, street, office bldg., etc.) Not While While Hour A.m. et work at work 21. I certify that (I) (this hospital) attended the deceased from. MAY...... . 196.7., and that death occured at M.M., from the causes and on the date stated above. 22e SIGNATURE DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S RIDGE RD. WESTMIN 23d. LOCATION (City, town or county) 23a, BUR, AL, CREMATION 053 Pleasant Grove Cemetery Finksburg, RD 24 FUNERAL DIRECTOR'S SIGNATURE 15M 7,61



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 08004 , filled in by the funeral in papers Pages I and 2 vithin 72 hours after death, requires that the death certificate be executed within 24 hours after death death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission. o. COUNTY Carroll o. STATE Maryland b. COUNTY MARYLAND Carroll b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) d NAME OF HOSPITAL OR INSTITUT ON (If not in hospitol, give street address) d STREET Westminster. 9 IS RESIDENCE ON A FARM? within 72 h 170 Williams Avenue YES T NO K Springfield State Hospital pau Middle 4 DATE Year Day completely DECEASED Charles ove carl (Type or print) Henry Mans DEATH 6/22/67 19 S. SEX 9. AGE (In years IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 10/16/19 last buthday) White Months Dovs Hours WIDOWED DIVORCED the attending physican and sit permit. Then please rem and in an On USUAL OCCUPATION (Give kind of work done 106 KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired) COUNTRY? INDUSTRY Salesman CARROLL Marvland TISA 13 FATHER 5 NAME 14. MOTHER'S MAIDEN NAME ar remayal. Levi Maus PRRIET Babylon 15. WAS DECEASED EVER IN ... S. ARMED FOR (ES?
(Yes, no, or unknown) (If yes give wor or dates of service) INFORMANT 16 SOCIAL SECURITY NO 217-05-9604 Springfield Hospital Records, Sykesville, Md. cremation, INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) burial-transit PART I DEATH WAS CAUSED BY ONSET AND DEATH Delirium Tremers IMMEDIATE CAUSE (a). DHE TO signed | Conditions, if ony, which gove Alcohol Intoxication rise to immediate couse (a), DUE TO stating the underlying couse the hospital or attending as the priar to l this certificate has been last. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? NO 🕞 p 20o. ACCIDENT WAS UNDERLYING [205, DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) 20c TIME OF INJURY Month, Day, Year Hour om factory, street, affice bldg., etc.) Not While of work O FUNERAL DIRECTOR: After ot work Page 4 may be retained by) attended the deceased fram June 20 1967, to June 22, 1967, that (I) (we) last June 22 1967, and that death accurred at 12:394 Mar causes and on the date stated above. 21 I certify that (1) (this haspital) attended the deceased fram_ sow the deceased alive on 22a SIGNATURE 22b. DATE SIGNED 6/22/67 M.D. DIRECTOR PHYS PHYS director, page should be filed 22d ADDRESS 22c. PHYSICIAN'S NAME (Type) San Subjas Hogpital BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) Cametery lestminster 25b. REGISTRAR'S SIGNATURE 25o. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admiss on) 1 PLACE OF DEATH a. COUNTY **b.** COUNTY a. STATE Maryland Carrol1 Carroll MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (if outside corporate limits. e. LENGTH OF STAY IN 16 write RURAL and give nearest town) 6 Weeks Rural. Taneytown Middleburg e. IS RESIDENCE d. STREET ADDRESS Mailing Address d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) ON A FARM? Brookfield Manor Nursing Home Littlestown, Pa. R.D.1, Carroll Co. YES W NO 3 NAME OF Middle DECEASED H. Rimer Mayers DEATH 19 67 Tune (Typa or print) 9. AGE (In yours IF UNDER 1 YEAR | IF UNDER 24 HRS. 6 COLOR OR RACE 7. MARRIED TH NEVER MARRIED 8. DATE OF BIRTH S. SEX last birthday | Months | Days White Male WIDOWED DIVORCED Nov. 12. 1888 10a. USJAL OCCUPATION (Giva kind of work 10b, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if refired) Farm Carroll County, Md. 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Maggie Harner Samuel Mavers 16 SOCIAL SECURITY NO | 17. INFORMANT Address Carroll Co. Md. 15. WAS DECEASED EVER IN J.S. ARMED FORCES? (Yes, no, or unkown) (If yesgiva wer or dates of service) Beulah M. Mayers, Littlestown, Pa. INTERVAL BETWEEN 18. CRUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), ONSET AND DEATH a Thurschissis PART .. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which (b) gava rise to immediate causa **DUE TO** (a), stating the underlying causa last. PART I/ OTHER'S GN FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? NO 20a ACCIDENT WAS UNDERLYING [] 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury 'n Part I or Part II of tam 18.) OR CONTRIBUTING (CAUSE OF DEATH (County) (Stata) MEDICAL 20d. INJURY OCCURRED | 20e, PLACE OF INJURY (Home, farm, 1 20f. (City or town) 20c. TIME OF INJURY Month, Day, Year factory, straet, office bldg., atc.) While Not While Hour a.m. at work at work OR , 19, that (1) (wa) last DIRECTOR PHYS. HOSPITAL page with # FUNERAL 22d. ADDRESS 22c PHYSI NAMM (Type) Union Bridge, Md. rector, 23d. LOCATION (City, town or county) 123c. NAME OF CEMETERY OR CREMATORY 236 DATE THEREOF 23a. BURIAL, CREMATION 0 5 3 R.D.3, Gettysburg, Hillcrest Memorial Gardens 0/16/67 FUNERAL DIRECTOR'S SIGNATURE ADDRESS VR A1S (4) 1SM 7 61

ARYLAND STATE DEPARTMENT OF HEALTH

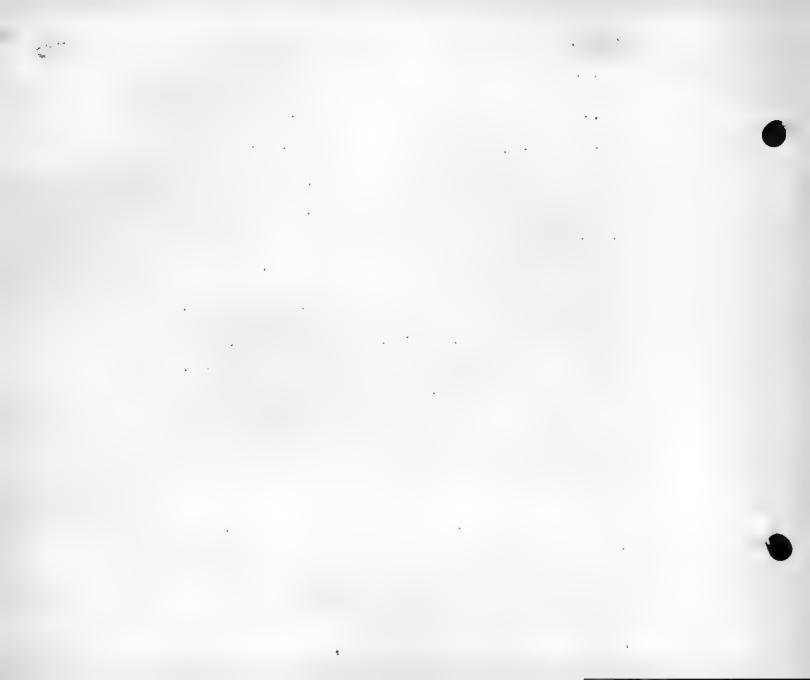


1 0	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND						
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death. funeral and 2, death,	1.	a. COUNTY		a STATE	(Where deceased liv	red, If institution: Re	esidence before admission)
ags a file	_	CARROLL MARY b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STA)		MARVIA	ND	CAR	ROLL
n by Page	L	Write RUKAL and give nearest town)	WEER	c. CITY OR TOWN (If or	Riside Corporate II	Imits, Write RUKAL	and give nearest town)
24 hours	-	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street a		d. STREET ADDRESS	VES! MIN	STER	e. IS RESIDENCE
y filly		MEADOW VIEW CONSU. HOME		PLEASAI	VT VAL	LEY	ON A FARM? YES NO A
executed within 24 hours after and completely filled in by the remove carbon papers. Pages 1 any event, within 72 hours after	3.	DECEASED	20/11/		4. DATE DF	Month	Day Year
comp	5.	(Type or print) +DA VIOLA SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIE	MYEI NEL 8.			JUNE A	1967
xecurand common		FEMALE WHITE WIDOWED TO DIVORCE		MARCH 12.18	88 49	irthday) Months	1 YEAR IF UNDER 24 HRS. Days Hours Min.
d in d	10. du	a. USUAL OCCUPATION (Give kind of work done industry) INDUSTRY INDUSTRY		_ **	nty & State, or foreig	on country) 12. Cl	TIZEN OF WHAT
ate l' nysic plea l', an	\mathcal{H}	OUST-WIFT COOK IN INSTITUTION		CARROLL			S-Q-
death certificate be ne attending physiciar permit. Then please tion, or removal, and i	^~	TOBIAS MARTIN		14. MOTHER'S MAIDER	HLER		
r cell	15	b. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO	. 17. If	NFDRMANT	701	Address	
deatl e atl		- 220-24-856	1	RTIN F. MYER	S. WESTI	MINSTER	RD7 MD.
the or the sy the sit is sit is sit is the second or the s		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).]	2 4-4 40	Chan	161110	INTERVAL BETWEEN ONSET AND DEATH
that the sician, ined by the transit al, cremat		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ARTERIC	5	LEPLOTIL	CHICU	IONASCI	JLAN-TYEAT
The law requires that to or attending physician, sate has been signed by use as the burial-transealth prior to burial, cre-		Conditions, If any, which) DIRBETO	TES	MEL	LITUE	EASE	TYEAK
requires ding phy been sig the buri		gave rise to immediate cause (a), stating the DUE TO					
ttend thas as as	ž	underlying cause last.) (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	IOT DELATE	ED TO THE TERMINAL DIS	FASE CONDITION	CIVEN IN DART 1/9	119. WAS AUTOPSY
The law lor atter cate has r use as lealth pri	ICATI		OTRELATE	ED TO THE TERMINACUIS	ENSECONDITION	HACH IM LAKT T(9)	PERFORMED?
PHYSICIAN: The law requires that the death certificate be ethe hospital or attending physician. • this certificate has been signed by the attending physician detached for use as the burial-transit permit. Then please is Dept. of Health prior to burial, cremation, or removal, and in	CERTIFICATION	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJUI OR CONTRIBUTING 2 CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	₹Y OCCURE	RED. (Enter nature of li	ljury in Part I or i	Part II of Item 18.))
PHY the this deta	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour a.m. While Not While	Oe. PLACE	OF INJURY (Home, farm, street, office bldg., etc.	n, 20f. (City or	town) (Cour	nty) (State)
oing Produced by the Affert of the de de de de state of the de	¥E	p.m. 19 at work	-	003			-
ATTENDING retained by CTOR: After should be		21. I certify that (I) (this hospital) attended the deceased fi		leath occurred a 2	M from the		I, that (I) (we) last ne date stated above.
R ATTENDING F retained RECTOR: As 3 should with the S		22a. SJENATURE	iiu tiiat u			22b. DA	ATE SIGNED,
ay be ay be L DIRE page 3 filed y		22C. PHYSICIAN'S	M.D.	ATTENDING ME PHYS. DII	RECTOR PHY	s. 🗆 6-	-4-6/
TO HOSPITAL OR ATTENDI Page 4 may be retained TO FUNERAL DIRECTOR. 4 director, page 3 should should be filed with the		DOPNIEL I WELLIVI	En	19 RID	GE RI	SAD WI	ESIMINIO
Page direction	238	REMOVAL (Specify)	METERY 0	R CREMATORY	23d. LOCATION	(City, town or cour	nty) (State)
	24	BURIAL 6/7/67 PLEASAN	TUAL	LEY CEM.	BY REGISTRAR	1/NSTER / 25b. REGISTRAR'S	RDATI MD.
VR A15 (4)		J. 2- muero de Mestramentes	n/2	21/57 DATE	1007	ochemia	Judge.
20M 1/65	-	The state of the s	7	JUN	1901	-//	77

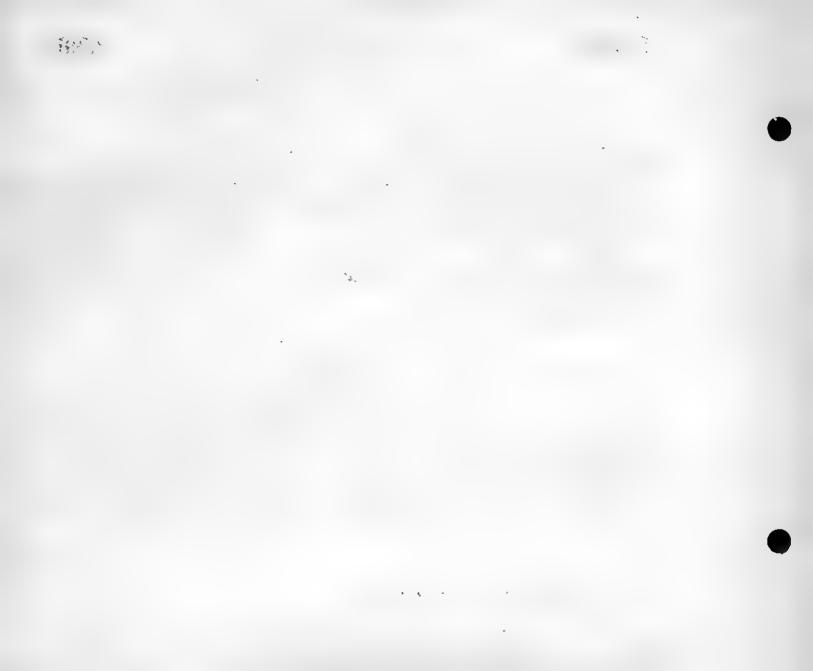


MAR' DIVISION OF STATISTICAL RESE	YLAND STATE DEP ARCH AND RECORDS.	ARTMENT OF HEALTH 301 W. PRESTON STREET,	BALTIMORE 1. MARYLAND
08008	CERTIFICATE		07993
1. PLACE DF DEATH a. COUNTY		2. USUAL RESIDENCE (Where decease	ed lived, If institution: Residence before admission)
(Arroll	MARYLAND	a. STATE Md.	b. COUNTY CARROll
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	C. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corpora	ate Ilmits, write RURAL and give nearest town)
KUTAL - SUKESVILLE.	9 Months	RUTAL - Sykes	sville
d. NAME OF HOSPITAL OR INSTITUTION (If not in hi	ospital, give street address)	d. STREET ADDRESS	6. IS RESIDENCE ON A FARM?
3. NAME OF STORY	2	Long Mendow	Prive YES NO X
3. NAME OF DEGERACED (Type or print) Elizabeth	Middle	Last 4. DATE OF DEATH	Month Day Year
5 000			- Une 24 1967 GE (In years LEUNDER 1 YEAR HE UNDER 24 HRS.
Female 11) hite WIDOWED	DIVORCED		GE (In years IFUNDER 1 YEAR FUNDER 24 HRS. st birthday) Months Days Hours Min.
10a, USUAL OCCUPATION (Give kind of work done) 10b, K	IND OF BUSINESS OR	11. BIRTH LACE (County & State, or	foreign country) 12. CITIZEN OF WHAT
	NOUSTRY .	md.	COUNTRY?
13. FATHER'S NAME	1	14. MOTHER'S MAIDEN NAME	
WM R. Shipley		SAFAL E. Shil	oky
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes nive war or dates of service)	SOCIAL SECURITYNO. 17. I	NFORMANT	Address
// /		R. HARRY Myers	- Sykesville, Uld.
18. CAUSE OF DEATH (Enter only one cause per li PART I. DEATH WAS CAUSED BY:			INTERVAL BETWEEN ONSET AND DEATH
	teriosclerotic l	neart disease,	
Conditions, If any, which) (b) Cor	ronary thrombosi	is acuto:	June 1966
gave rise to immediate cause (a), stating the DUE TO	LONGLY CHIOMBOS.	is, acute,	through
underlying cause last. (c) Car	rdiac Arrest.		June 24,67
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTED 20a. ACCIDENT WAS UNDERLYING 1 20b. E OR CONTRIBUTING 1 CAUSE OF OFATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	UTING TO DEATH BUT NOT RELAT	ED TO THE TERMINAL DISEASE CONDIT	ION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMEO?
20a. ACCIDENT WAS UNDERLYING 1 20b. I	DECORIDE LIGHT INTERNATIONAL CONTRA	DWD 49-1	YES NO
G OR CONTRIBUTING CI CAUSE OF OFATH	DESCRIBE HOW INJURY OCCUR	RED. (Enter nature of injury in Part	or Part II of Item 18.)
	NJURY OCCURRED 20e. PLAC	E OF INJURY (Home, farm, 1 20f. (Cit	y or town) (County) (State)
20c. TIME OF INJURY Month, Day, Year 20d. If Hour a.m. While p.m. 19 at work		, street, office bldg., etc.)	,
21. I certify that (I) (this hospital) attended		ine 1966 to	Tune 24, 19.67 that (I) (we) last
saw the deceased alive on June 24,			
22a. SIGNATURE	AL 18 2		22b. DATE SIGNED
200 PHYCICIANIC	M.D.	PHYS. DIRECTOR DIRECTOR	STAFF June 27, 1967
PHYSICIAN'S NAME (Type) Howard E.	Hall, M.D.	22d. ADDRESS Sykesville.	Marvland
23a, BURIAL, CREMATION, 23b. DATE THEREOF			FIGT Y LATED FION (City, town or county) (State)
RICHAL (Specify) 6-27-67	1 4 . 1.	Memorial Park Sy	Kesville Mr.
24. FUNERAL DIRECTOR	ADDRESS	25a. REC'D BY REGISTR	AR 25b. REGISTRAR'S SIGNATURE
Harry W. Harphe Su	Kesville III	d DATE JUN 29 19	167 Journes Judge

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1		ARYLAND STATE DEPARTMENT RECORDS, 301 W. PRESTON STREET,		
FOR STATE		ICAL EXAMINER'S CERTIFIC		07995
HEALTH DEPT.	PLACE OF DEATH O. COUNTY CARROLL	o. STATE	ESIDENCE (Where deceosed lived if institute b. COUN land Carr	ΙΥ , ,
2, and 3 to PM3. Page	b. CTY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Westminister	CLENGTH OF STAY IN 15 CCITY OR 1 HOURS- West	OWN (If outside corporate limits, write RUR) minister	AL and give nearest town)
form form ote Dep	d NAME OF HOSP TAL OR INSTITUT ON (If not in hospital, Carroll County General)	Hospital R.D.	<u>#5</u>	e is res dence on a farm? yes No
hours after death If Guy Item 18. Give Pages 1, 2, Office along with farm P and 2 with the State Depo	3 NAME OF Eirst	M ddle .osi ROBB NEVER MARRIED B DATE OF BI	TNS Jr DEATH 6	Doy Year 10 19 67 IF JNDER 1 YEAR 1 IF UNDER 24 HRS
hours aff Item 18. (Affice alo and 2 wit and 2 wit	Male White WIDOWED	DIVORCED FEB,	15-1967 lost birthdoy)	Months Doys Hours Min
offer	during most of working life, even if retired) 13 EATHERS NAME	IDUSTRY 14 MOTHER	TISTERG PA	(2.NRY31,
ed within in pencil		SOCIAL SECURITY NO 17 INFORMANT	MA 1=AY Addres	RESTRIENT
Id be executed within 24 hours rid "pending" in pencil in Item 1. Chief Medical Exominar's affice frons t permit. File pages and 2 event within 72 hours after deoth	(Yes, no, or unknown) (If yes give wor or dotes of service) 18 CAUSE OE DEATH (Enter only one couse per line for	(o), (b), and (c))	DONALD ROBBI	INTERVAL BETWEEN ONSET AND DEATH
should be en word "per to the Chief." burial-trons to any event of the chief.	PART DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO	Interstitial pneumon	itis - (SDII)	UNSEL AND DEATH
This certificate should be executed within rate, writing the word "pending" in pencil be forworded to the Chief Medical Exomin. 4 be used as a burial-trans t permit. File paremoval, and in any event within 72 hours	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost (c)			
This certificate, writing be forward or I be used or removal, o	PART II OTHER S GNIFICANT COMO T ONS CONTRIBITING	TO DEATH BUT NOT RELATED TO THE TERMINAL	DISEASE CONDITION GIVEN IN PART 1(a)	19 WAS AUTOPSY PERFORMED? YES SV NO
+	PRIMARY Or CONTRIBUTING	ESCRIBE HOW NIURY OCCURRED (Enter nature of		
XAMIN the the ge 4 sh your fill Page 3 s	Hour om. Wh.li pm. 19 of wor	k L of work L	ce bldg etc)	(County) (State)
se executor Pared for ECTOR:	21 I certify that I took charge of the re death resulted from: Natural causes [🛴 Accident 🔲 , Suicide 🔝 ,	psy 🙀 , Inspection 🔝 , Inqu Homicide 🔲 , Undetermined mo IEE MED CAL EXAMINER 😿	,
	ACTUAL SIGNATURE SIGNATURE EXAMINER'S	he MD ASS	SISTANT MED CAL EXAMINER PUTY MED CAL EXAM NER	22. DATE SIGNED 6-11-67
o DEPUTY necessary, the funera 5 may be 0 FUNERA	NAME (Type) RUSSELL S. FISHE) 230 BUR AL (REMAT ON, REMOVALISpecify) 23b DATE THEREOE	23C NAME OF CEMETERY OF CREMATORY	dress (Street, city, town, or county) 23d LOCATION (City or Tov	
VR A15ME (3)	21 FUMERAL DIRECTOR	ADDRESS LUTHER	SOUN 1 4 1967 CL	SISTRAR'S SIGNATURE PURCH SURGER



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08011 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived of institution Residence before admission) o. COUNTY o STATE **b.** COUNTY of of Carroll MARYLAND Marvland b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c LENGTH OF STAY IN 15 (CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) ofter Finksburg Westminster d NAME OF HOSP TAL OR INSTITUTION (If not in hosp tol, give street oddress) d STREET ADDRESS IS RESIDENCE ON A FARM? haurs Pages ate Carroll Co. General Hospt. YES 38 NO NAME OF Middle 4 DATE Lost Month Dov Year hrg. 22 DECEASED OF (Type or print) DEATH SEX 至 & COLOR OR RACE OF BIRTH AGE (In years IF UN OER 1 YEAR IF UNDER 24 HRS MARRIED NEVER MARRIED OAT (ost birthdoy) 3 Months Dovs Hours White WIOOWED DIVORCEO 9. 1897 Male May 100 USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 B.RTHPLACE (State or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? pages } in any . U.S.A. Sheet Metal Worker Carroll Co. Md. 13. FATHER'S NAME 14 MOTHER'S MAJOEN NAME This certificate should be executed within gud George V. Belt Rupp Laura WAS DECEASED EVER NUS ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT Address ar removal. (Yes, no, or unknown) I(If yes give wor or dates of service) 216-03-882LA Emma Blanch Rupp R.t. 1 Finksburg. NO INTERVAL BETWEEN 18 CAUSE OF DEATH (Enter only one couse per ne for (o), (b) and (c).) CONSET AND DEAT buria,-transit PART 1 DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) crematian, DUE TO Conditions if any, which gave rise to immediate cause (a). DUE TO stating the underlying couse 0 1201 PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPS PERFORMED? NO X certif,cote, 200 EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of Item 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. 20c TIME OF NJURY Month, Day, Year 20d NJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) Hour o.m. foctory, street, office bldg., etc.) Not While at work ot work designated 21 I certify that I taak charge of the remains described above, held on Autopsy Inspection X Inquiry and in my opinion death resulted from Noteral causes 🔀 🖊 Accident 🔲 Suicide . Hamicide Undefermined manner CHIEF MEDICAL EXAMINER **ACTUAL** 22 J DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE FUNERAL TO DEPUTY DEPUTY MEDICAL EXAMINER **EXAMINER'S** Address (Street fity fown, or county) Health NAME (Type) 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 230 BURIAL CREMATION, (County) 50 BEMOVA (Spec fy) 6/10/67 Hampstead Cemetery Hampstead Carroll Co. 2Sb REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR 24 FUNERAL DIRECTOR VR A15ME (S Ocharles Tipton - Eline Funeral Home Hampstead, Md. 6M 1/66

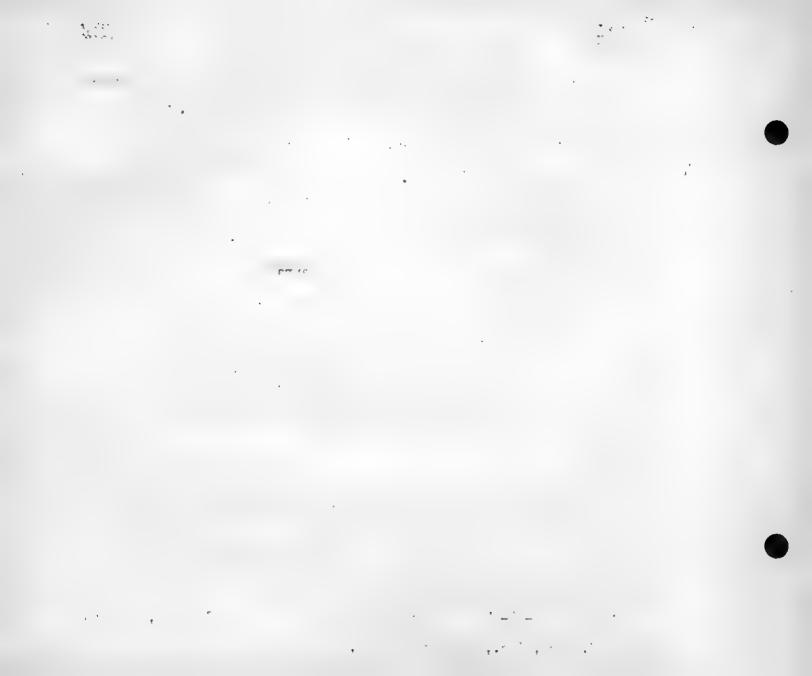
MARYLAND STATE DEPARTMENT OF HEALTH



1 //	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MA	DYI AND
	08012 CERTIFICATE OF DEATH	7997
death, uneral and 2 death,	1. PLACE DF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Resi a. GOUNTY	dence before admission
E - 6	Carrall Maryland Manyland b. County La	rrall
n by the Page	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY DR TOWN (if outside corporate limits, write RURAL and give nearest town)	id give nearest town
0	g. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streef address) d. STREET ADDRESS	e. IS RESIDENCE
24 ha	Land Ville Messing blame : See none	ON A FARM?
	3. NAME OF First MIddle , Last 4. DATE Month	Day Year
completely	DECEASED (Type or print) Clearge Scharrer DEATH 6	1967
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IFUNDER 1 years	YEAR IF UNDER 24 HRS
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icate be e physician a please r wal, and in	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	94124
certificate nding physi . Then ple removal, a	mike be harren Thersa Salbyck	
_ em 5	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) [(If yes give war or dates of service)]	,
e death the atte t permit ation, or	no 215-24-2130 Mrs. Margaret Scharrer	(WHE)
the y the sit ma	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ATTEMPT LEFT	INTERVAL BETWEEN ONSET AND DEATH
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requires that the ding physician. been signed by the burial-transit or to burial, cremain	Conditions, If any, which) DUE TO metatages to lunain	INON F
ing ling he the t	gave rise to immediate cause (a), stating the DUE TO	
as as as in ₹	underlying cause last.) (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	VACALITARSV
ICIAN: The la oppital or att certificate h shed for use ot. of Health p	Ta Did to Med II to	19. WAS AUTOPSY PERFORMED? YES NO
ital ital for for the	20a, ACCIDENT WAS UNDERLYING 1 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)	123 100
PHYSICIAN: the hospital this certifi detached fo e Dept. of H	2DB. ACCIDENT WAS UNDERLYING 2DB. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of Item 18.) CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
	2Dc. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED LANGUAGE OF INJURY (Home, farm, factory, street, office bidg., etc.) Description of the control	ty) (State)
JING P d by t After d be d	p.m. 19 While Not While at work at work	
ATTENDII retained cCTOR: Ai should with the S	21. I certify that (i) (this hospital) attended the deceased from 7/3 , 1963 to 6/4 M. from the causes and on the	_, that (I) (we) las
ATT retz ECTO 3 sh with	22a. SIGNATURE , / / / / / / / / / / / / / / / / / /	
y be oir	M.D. ATTENDING MED. STAFF DI 6/1	167
TO HOSPITAL OR ATTENDIPED PAGE 4 may be retained TO FUNERAL DIRECTOR. Adirector, page 3 should should be filed with the	22c. PHYSICIAN'S NAME (Type) 1/1 I F (1 A rd M D) 22d. ADDRESS	21107-
HOSI Bge 4 FUNE FUNE Outld	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or count	(State)
5 5 5 8 3 V	BEHILD (Specify) 6/4/67 Immunuel Cemetery Manchester Car	
And No.	24. FUNERAL DIRECTOR ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S	SIGNATURE
VR A15 (4) 2DM 1/65	Tipton - Eline Funeral Home Hampstead, Md.	Judge
20141 1/00		() ()

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1-6	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MA	RYLAND
नं ऋभन	08013 CERTIFICATE OF DEATH 6.7	998
death and death	1. PLACE OF DEATH a. COUNTY 2. USUAL RESIDENCE (Where deceased lived, If institution: Resi	dence before admission)
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in by Rage hours a	b. CITY OR TOWN (if outside corporate limits, write RURAL and write RURAL and give nearest town) 2 whs manufacture, male	in Bide unglest fown)
24 hours filled in by apers, Pa apers, Pa	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS	e. IS RESIDENCE
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f withir npletely carbon ent, with	3. NAME OF First Middle D Last 4. DATE Month DF	Day Year
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that the death certificate be executed within sician. Including physician and completely altransit permit. Then please remove carbon pal, cremation, or removal, and in Any event, within all, cremation.	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX WIDOWED DIVORCED 7. MARRIED 15. MARRIED 17. MA	ays Hours Min.
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eath certifica attending ph ermit. Then on, or removal	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SDCIAL SECURITY NO. 17. INFORMANT (husband) Address (Yes, no, or unknown) ((fyes give war or dates of service)	uliton Rd
e death (the atten t permit. atlon, or	no - 213-16-60424 Cerrole L. Seaheage mo	whiten bud.
hat the deat cian. ed by the ai -transit pern , cremation,	PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH
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ires tha physici n signed burial-th	conditions, if any, which gave rise to immediate (b) Writery-Schrotu C-V. Disense	3410.
aw requires ttending phy has been sig as the buri prior to buri	cause (a), stating the DUE TO marked Cerebral Botten and	6 mo
law atten has e as h pric		19. WAS AUTOPSY PERFORMED?
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ATTENDIN retained E COOR: Afi S should b vith the St	21. I certify that (1) (this hospital) attended the deceased from fine 1967, 1967	_, that(I)(we) last
t ATTENI t retaine (ECTOR: 3 should with the	saw the deceased alive on 1967, and that death occurred at 12 2M, from the causes and on the 22a. SIGNATURE	E SIGNED
or be age	maurie C. Garter free M.D. ATTENDING MED. MED. STAFF 6-1/	-67
HOSPITAL OR ATTENUAGE 4 may be retained function. Provided the provided of the	22c. PHYSICIAN'S NAME (Type) 22d. ADDRESS	•
TO HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the Page 4 may be retained by the hospital or attending physician. To FUNERAL DIRECTOR. After this certificate has been signed by director, page 3 should be detached for use as the burial-transhould be filed with the State Dept. of Health prior to burial, cre-	23a. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or count	ty) (State)
5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	23a. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) Burial 6-14-67 Moreland ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR 25	nd
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VR AI5 (4) 20M 1/65	Leonard J. Ruck, Inc., 5305 Harford Rd. DATE JUN 12 196/ Julian	A Just



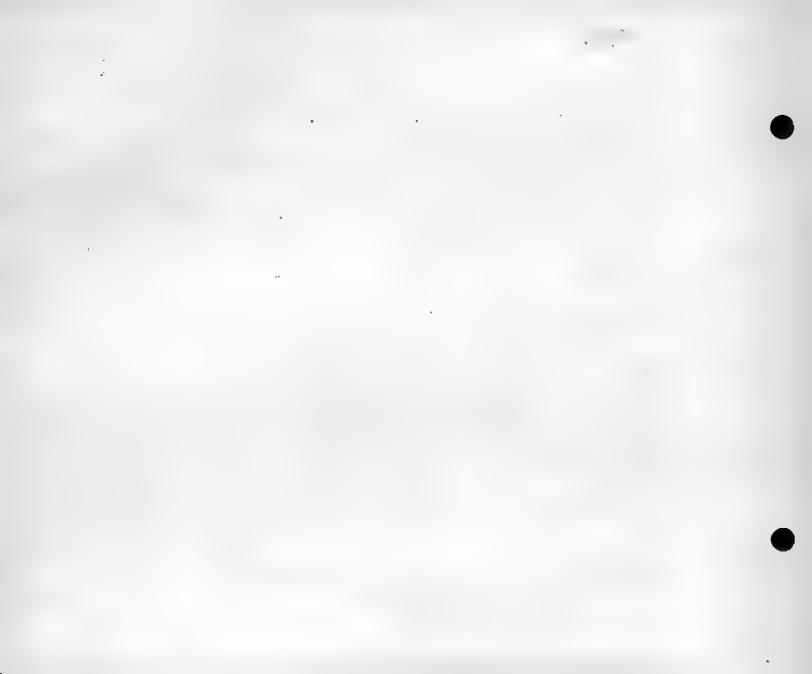
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se as the burial, cremation, or to burial, cremation,	Conditions, if eny, which gave rise to immediate cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITION	Ofy Released V Calles and Vas cular Turions Contributing to death But not related to the terminal of	Chloryseuse tin Several Condition given in Part 1(0) J. Was AUTOPSY PERFORMED YES NO PART 100 NO PART
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filed with the State	22a SIGNATURE CLAUS 22c. PHYSICIAN S NAME Trype)	Deiker M.D. ATTENDING MED. DIRECTO	trem the causes and on the date stated above. 22b. DATE SIGNED PHYS
(4) 61	BUTIA 6-25-6 PORTAL DIRECTOR'S SIGNATURE John S. Myengh. W	7 Kriders Cemetery Lestminetes, Md. DATE JUI	REGISTRAR 256. REG. STRAR'S SIGNATURE JUDGE

MARYLAND STATE DEPARTMENT OF HEALTH

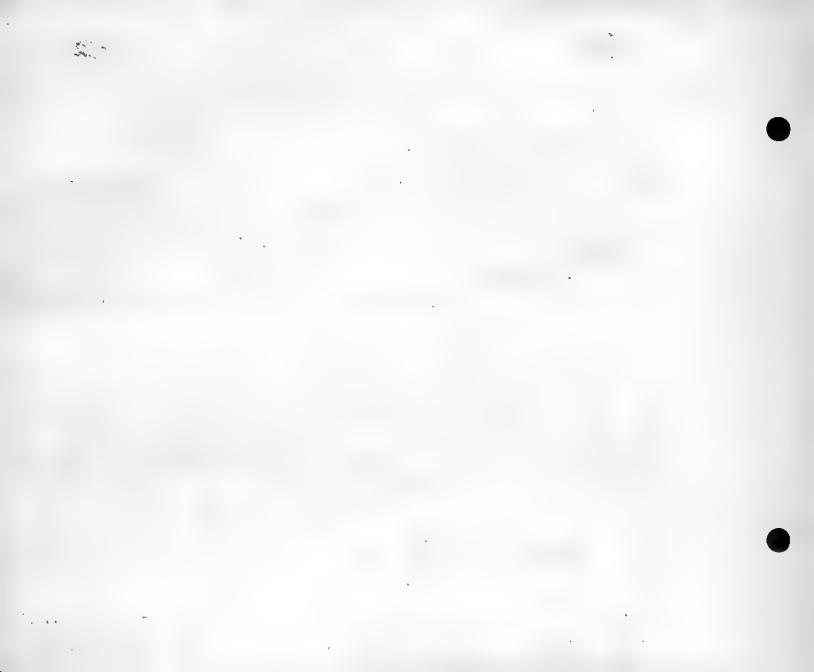


· Amount	Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201				
FOR STATE	08015 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 080	on			
HEALTH DEPT	1 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, finistration Residence	e before admission)			
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funy delay is Th. 2, and 3 to m PM3 Page Department of Ms after depths	Carroll Maryland Maryland Baltimos b CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY N 1b c CITY OR TOWN (if outside corporate limits, write RJRAL and give				
delay and 3 M3 Pag rtment	wrute RURAL and give nearest town)	neorest rowity			
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- S B 9 77	Springfield State Hospital Unknown	YES NO TO			
arth 1	3 NAME OF First - Middle Last 4 DATE Month	Doy Year			
24 haurs after death In Item 18 Give Pages r's Office along with far ss 1 and 2 with the State iny event with 72 thousany event with 72 thousany event with 72 thousany event with 72 thousand wi	OF (Type of print) Harry Sobus DEATH 6	30 19 67			
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derr	NO DIRRIGHT PHINGITEIN SCALE NOSPICAL PECOTOS				
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te th d to d b	stoting the underlying couse DUE TO				
inca ing dex dex	(c) coronary artery thrombosis	minutes			
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늘 구 무 명	PRIMARY Or CONTRIBUTING O				
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d for	death resulted from Natural causes Accident , Suicide , Hamicide Undetermined manner	•			
REC line lessi	CHIEF MEDICAL EXAMINER				
plect plant	SIGNATURE OF COLOR DE COLOR ASSISTANT MEDICAL EXAMINER	22. DATE SIGNED			
UTY UTY, I Herol Be r Be r Or ii	EXAMINER'S DEPUTY MEDICAL EXAMINER	6-30-61			
DEPUTY MESTAL EXAM scessary, please execute the funeral director. Page 4 may be retained for yaur FUNERAL DIRECTOR: Page salth or its designated age	NAME (Type)	ster Gerson Di			
TO DEPUTY necessary, the funera 5 may be TO FUNERAI		County) ((Style)			
07 an ± 50 F He He	AND PORTE (Canada)	my			
	HEINTERAL DIRECTOR PROTES CUIT DADDRESS 1 LOW INC. 250 RECO BY REGISTRAR 256 REGISTRAR 5 SIG	NATURE			
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6M 1/66	1 to 1 7:10 the 30188 NOTICE OF 1961				

MARYLAND STATE DEPARTMENT OF HEALTH



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FOR STATE	08016 &3 MEDICAL EXAMINER'S CE				
HEALTH DERT.	I PLACE OF DEATH	USUAL RESIDENCE (Where deceased year if just falling resummer before admission)			
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A SEE SEE	b. (ITY OR TOWN (If autside corparate limits, write RURAL and give nearest town) Westminster	Uńkńówń// Adelphia			
	1 1 1 2	STREET ADDRESS e IS RESIDENCE			
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r de jve P g wi	(Type or print) John /t// S	proles DEATH June 6, 19 67			
offer dong	S SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED B. D	DATE OF BIRTH 9 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS last birthday) Mooths Doys Haurs Min			
E - 8 5 = 1	Male White WIDOWED DIVORCED Ja	n 28, 1923			
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Z n s	Inemployed	Shores, Virginia			
hin acil sine sage	13. FATHER'S NAME	4. MOTHER'S MAIDEN NAME			
d with in per Exom File 1	Dr. John Sproles	Grace Pupugh			
ed in	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFO	ORMANY Address Maryland			
ding.	(Yes, no or unknown) (If yes give war or doles of serv ce) 224-24-8503 Mrs	Grace East 9707 Laconia Drive, Adelphi			
MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If a blease execute the certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, director. Page 4 should be farwarded to the Chief Medical Examiner's Offlice along with farm etained for your files. DIRECTOR: Page 3 should be used as a burial-transit permit file pages Tand 2 with the State Depart to buria, cremation, ar remaval, and in any event within 72 hours after the state Depart to buria.	IB. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY. 7	of liver ONSET AND DEATH			
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The find the		er nature of injury in Part I ar Part II of item IB.)			
INER: To certificate should be files. 3 should the should the should should the should	CAUSE OF DEATH	due to conflagration in automobile			
UTY MEDICAL EXAMINER: This certiny, please execute the certificate, writeral director. Page 4 should be farwale be retained for your files. RAL DIRECTOR: Page 3 should be used prior to burio, cremation, or removal,	[O] Hann and	OF INJURY (Hame, form, 20f (City ar town) (Caunty) (State)			
L EXA	pm atwark atwark wark	street affice bldg., etc) Mt. Airy Carroll Md.			
AL EXA execute ir. Page d for you TOR: Page	21. I certify that I took charge af the remains described above, held of				
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TO DEPUTY MEDICAL EXAM necessary, please execute the funeral director. Page 4 5 may be retained far yaur TO FUNERAL DIRECTOR: Page Health priar ta buria, cremains	RAMMe (Type) Werner U. Spizz, M.D.	DEPUTY MEDICAL EXAMINER 6/6/67 Address (Street, city, tawn, or county)			
O DEPU necessa the func 5 may b O FUNE Heafth	230 BURIA., CREMATION 23b DATE THEREOF 23c NAME OF CEMETERY OR CREM	MATORY 23d LOCATION (City or Tawn) (County) (State)			
	Burial June 8, 1967 Stemp Cemetery	Sugar Grove, Smyth Co. Vir			
VR A15ME (5)	24. FUNERAL DIRECTOR ADDRESS	2Sq. REC'D BY REGISTRAR 2Sb REGISTRAR S SIGNATURE STITLE			
6M 1/67	Lilly & Zeiler Inc. 1901-07 Eastern Ave.	DAYUN 1 2 1967 Climber Judge			



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 08017 the attending physician and campletely filled in by the Tuneral sit permit. Then please remave carbon papers. Pages 1 and 2 nation, or remaval, and in any event, within 72 haurs offer death PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission requires that the death certificate be executed within 24 hours after de to. COUNTY o. STATE b. COUNTY Carroll Maryland MARYLAND b CITY OR TOWN (If outside corporate limits, c CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) C LENGTH OF STAY IN 16 Rural -- Sykesville 10m. 26d Baltimore d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e IS RESIDENCE ON A FARM? Springfield State Hospital unknown YES T NO IX NAME OF Middle Last 4 DATE Day Year DECEASED 6 1967 E. Katharyn Steet (Type or print) DEATH JF UNDER 1 YEAR IF UNDER 24 HRS SEX DATE OF BIRTH 9 AGE (In years 6 COLOR OR RACE 7 MARRIED NEVER MARRIED 65 ost birthday) cremation, or removal, and ın any ev Months Dovs Hours Min 12/08/01 WIDOWED DIVORCED female white 10a USUA. OCCUPATION (Give kind of work done during most of working life, even if retired) BIRTHPLACE (County & State, or foreign country) 12 CIT ZEN OF WHAT 10b KIND OF BUSINESS OR COUNTRY? INDUSTRY USA Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John Steet Hilda Swift 17 INFORMANT IS WAS DECEASED EVER IN J.S. ARMED FORCES? 16 SOCIAL SECURITY NO (Yes, na, ar unknown) (If yes give war or dates of service) 216-03-3106T Springfield Hospital records, Sykesville, Md. INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter any one cause per line for (a), (b), and (c).) signed by the burial-transit p ONSET AND DEATH PART I DEATH WAS CAUSED BY Irreversible diabetic acidosis IMMEDIATE CAUSE (o) DUE TO days Dehydration Conditions, if ony, which gove rise to immediate cause (a), **DUF TO** stating the underlying cause as the prior to b Page 4 may be retained by the hospital or attending O FUNERAL DIRECTOR: After this certificate has been director, page 3 shauld be detached far use as the lost. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) WAS AUTOPSY PERFORMED? for use Schizophrenic reaction, chronic undifferentiated type. NO 🕰 205 DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18) 20a ACCIDENT WAS UNDERLYING [] OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (State) 20d INJURY OCCURRED 20e PLACE OF INJURY (Harne, farm, (City or town) (County) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) Haur a.m. Not While at work at work 21. I certify that 30 (this hospital) attended the deceased fram. . 1931 to_6/6/ . 1957 , that 🕮 (we) last 7/10/ 6/6/___19 67 and that death occurred of 235 M, from causes and on the date stated above sow the deceased alive on. 22b. DATE SIGNED 22g. SIGNATURE **ATTENDING** 6/6/67 X DIRECTOR PHYS M.D. PHYS director, page shauld be filed be filed Springfield State Hospital 22d. ADDRESS 22 PHYSICIAN'S NAME (Type) Naci N. Buyukunsal, M.D. Sykesville, Maryland 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (State) 23a. BURIAL, CREMATION 23b. DATE THEREOF REMOVAL (Specify) reed 25b. REGISTRAR'S SIGNATURE 2Sq REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66

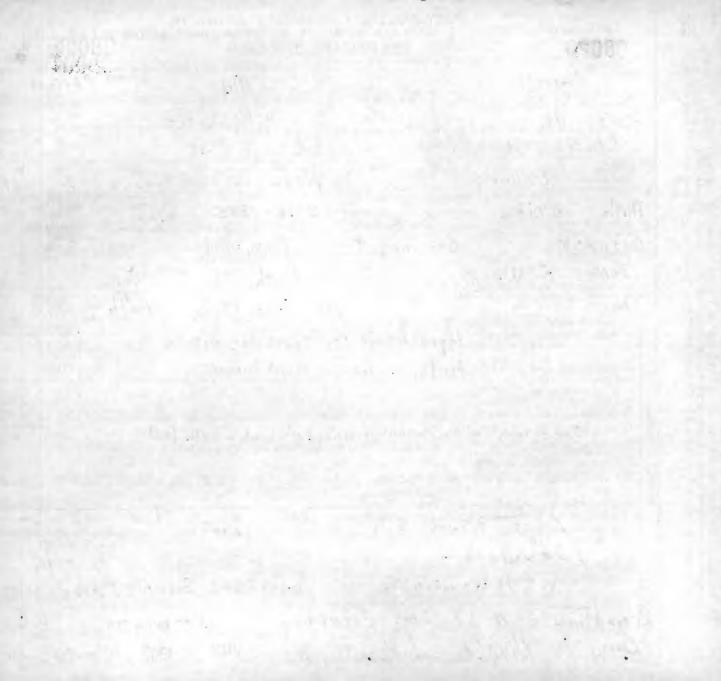
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STATE	08013	MEDICAL EXAMINER'S	CERTIFICATE OF DEATH	0.8005
L's after death.	PLACE OF DEATH O. COUNTY, a rral/	MARYLAND		Court cerroll
	b CITY OR TOWN (If auts de corporate limits, per le RURAL and give nearest telen) d NAME OF HOSPITAL OR INSTITUTION (If not in	c LENGTH OF STAY N 16.	c CITY OR TOWN (If acts de carporate limits, wr Westmin Star d STREET ADDRESS	rite RJRAL and give nearest fown)
	ORNCY ROUTE 9 4 7	Middle	171 Fronklen	Are c IS RESIDENCE ON A FARM? YES NO NO NO NO NO NO NO N
	OECEASED (Type or print) Lamin	- LORRY WA	DATE OF BIRTH 9 AGE (1) YE	Month Day Year 2 9 19 = 7 BOTS FUNDER 1 YEAR IF UNDER 24 HRS
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ival, and	WAS DECEASED EVER IN U.S. ARMED FORCES? es, no, or unknown) (If yes give wor or dotes of serv	ice) 16. SOCIAL SECURITY NO. 17. IN	FORMANT MILLER WILLIAM	Address 74 Fronklezi ava
matian, or remaval,	18. CAUSE OF DEATH (Enter only one couse pe PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o)	r line for (o), (b), and (st)	Heck & Multi	NTERVAL BETWEEN ONSET AND DEATH
crematian, or	Conditions, if ony, which gove (b)	Fofesce		
2	lost. (c)	BUTING TO DEATH BUT NOT RELATED TO TH	IE TERMINAL DISEASE CONDIT ON GIVEN IN PART 1	(o) 19 WAS AUTOPSY PERFORMED?
CERTIFICATION	20o EXTERNAL CAUSE WAS	20b DESCRIBE+HÓW INJURY OCCURRED (E	nter nature of injury in Port or Port It of them.	YES NO YES NO
MCDICAL (FRETIS	PR MARY DE OF CONTRIBUTING CAUSE OF DEATH 20c TIME OF ALURY Month, Doy Year Hour om	70d INJURY OCCURRED 70e PLACE While Not While 70ctor	OF INJURY (Home, form 20%) (City 6-40) y, steperother large, etc.)	headed north
	21. I certify that I took charge of	the remains described abave, held	an Autopsy , inspection ,	Inquiry , and in my apinion
s designated	death resulted fram: Notural ca	Sec 7 , Accident N, Suicid	e, Homicide, Undeterming CHIEF MEDICAL EXAMINER M.D. ASSISTANT MEDICAL EXAMINER	ed monner 22. DATE SIGNED
	SIGNATURE EXAMINER'S NAME (Type))	DEPUTY MEDICAL EXAMINER AND SECONDARY	estu 16/29/67
N.	BURIAL, (REMAT ON, 23b DAYE THEREOF REMOVAL (Spectry)	7 Merson 1:		or Town) (County) (State)
(5)	J. 2. Mayo, J.	Wastninister >	250 REC'D BY REGISTRAR 25	Sh REG STRARS SIGNATURE



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH funeral and 2 death. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY Pages 1 a b. COUNTY MARYLAND b. CITY OR TOWN (if outside corporate limits, write RURAL and, give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) and completely filled in by emovement pagers. Pag any event, within 72 hours 24 hours THE SUITE CONTINUE OF HOSPITAL OR INSTITUTION (IF not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? No M YES 3. NAME DF DECEASED First Middle DATE Month Year Day DF DEATH eer JUne (Type or print) 19 67 executed 6. COLOR 7. MARRIEO DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS NEVER MARRIED last birthday) | Months | Days Hours WIDOWED V DIVORCED attending physician a ermit. Then please re on, or removal, and in 1Da. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) COUNTRY MASTER certificate 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMAN death (Yes, no, or unkown) | (If yes give war or dates of service) has been signed by the at as the burial-transit perm prior to burial, cremation, 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: the hospital or attending physician. 10412 IMMEDIATE CAUSE (a) DUE TO ripaclaratio Heart Disease 104N Conditions, If any, which gave rise to immediate **DUE TO** cause (a), stating the underlying cause last. ICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? for use Health certificate Blving bol YES T NO F this cerum detached for 20a. ACCIDENT WAS UNDERLYING DOR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 120e, PLACE OF INJURY (Home, farm, I 20f. (City or town) (County) (State) be de State factory, street, office bldg., etc.) Hour a.m. After Id be d While Not While at work at work 21. I certify that (I) (this hospital) attended the deceased from DIRECTOR: age 3 should iled with the 19 6 / that (I) (we) last and that death occurred at 2:107M. from the causes and on the date stated above. saw the deceased alive on 22a. SIGNATURE 22b. page MED TO HOSPITAL (Page 4 may | M.D. PHYS. DIRECTOR PHYS. TO FUNERAL PHYSICIAN'S director, p **ADDRESS** NAME (Type) MOZWA 23a BURIAL, CREMATION. DATE NAME OF GEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) PAATION FUNERAL DIRECTOR ADDRESS REC'D BY REGISTRAR 25b4 REGISTRAR'S SIGNATURE VR A15 (4) 20M 1/65



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH death. 1. PLACE OF DEATH a, COUNTY 2. USUAL RESIDENCE (Where deceased lived, If institutions Resilence thefore admission) a. STATE b. COUNTY after MARYLAND b. CITY OR TOWN (if outside corporate limits. C. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give pearest town) Š hours .= filled i d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) IS RESIDENCE bon papers within 72 d. STREET AOORESS ON A FARM? YES NO de certificate be executed within and completely Lpon. NAME OF First Middle Last 4. DATE Month Day Year DECEASED DF (Type or print) 憑 DEATH 196 remove (SEX 6. COLOR OR RACE OATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS NEVER MARRIED last birthday) Months Oays MIDOMEO OIVORCED [physician an please ry 12. CITIZEN OF WHAT L 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR LACE (County & State, or fereion country) guring most of working life, even if retired) INDUSTRY COUNTRY? foureure 13. FATHER'S NAME MOTHER'S MAIDEN NAME 14. 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address (Yes, no, or unkown) | (If yes tire war or dates of service) cremation. se as the burial-transit p 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN The law requires that the ONSET AND DEATH PART I. DEATH WAS CAUSED BY: the hospital or attending physician. IMMEDIATE CAUSE (a DUE TO Conditions, If any, which gave rise to immediate QUE TO cause (a), stating the underlying cause last, (c) PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY for use Health PERFORMED? certificate NO YES PHYSICIAN: this centeracted for 20a. ACCIDENT WAS UNDERLYING [DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II) of Item 18.) DR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL TIME OF INJURY Month, Oav. Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (State) (County) factory, street, officebldg., etc.) Hour a.m. While Not While TO HOSPITAL OR ATTENDING Page 4 may be retained by at work at work should ith the S 21. I certify that (I) (this hospital) attended the deceased from DIRECTOR: age 3 should led with the and that death occurred at 2:30 M. from the causes and on the date stated above. saw the deceased alive on DATE SIGNED 22a. SIGNATURE 22b. page ATTENDING M.O. PHYS DIRECTOR PHYS. FUNERAL PHYSICIAN'S 22d. **ADDRESS** director, p NAME (Type) BURIAL, CREMATION, 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) (State) 23d. REMOVAL (Specify) Buria 67 Hampstead Cemetery Hampstead Carroll Co. 24. FUNERAL DIRECTOR REC'O BY REGISTRAR! 25b. REGISJRAR'S SIGNAJURE 25a. Tipton - Eline Funeral Home Hampstead, Md. VR A15 (4) DATE 20M 1/65

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